

Midland Gymnastics Training Center

Permission To Participate

Bring to the gym the day of the party/field trip

Guest Name: _____ Birthdate: _____

Address: _____ City/ Zip: _____

Home Phone: _____ Cell Phone: _____

Parents Name: _____

RELEASE

I recognize the potential for injuries, which can occur in gymnastics and activities involving tumbling, trampolining and exercise. I hereby consent to the above guest participating in activities on equipment used by MGTC and hereby agree to release MGTC LLC., its officers, employees, teachers and coaches from all liability for any and all damages suffered by my child while under the instruction, supervision, or control of MGTC LLC. I also realize at no time are adults permitted on the equipment.

Parent's Signature _____ Date _____