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Address:				
Cuardian's	Street	City	Zip	Gymnastics
E-mail:	Name:	Pho	ZipRelationship: ne:	O NITIGIS 6163
	n emergency, please contact: Rela	ationship:	Phone:	
	Igment of Risk and Waiver of Liab			_
As legal gu for injuries, provide for instructor. I	ardian for the student(s) listed above including paralysis or death, when I the safety and protection of all stude hereby forever release Bay Island C	on this form, I consent participating in any activents, and injuries may sti symnastics, LLC and its	to the named students' participation at Bay Islan vity involving motion and height. I understand the ill occur. I understand that children are not perme employees from all liability, claims and for all of the Cor while performing at an event for Bay Islan	hat it is the intent of Bay Island Staff to litted in the activity areas without an damages and injuries occurring while on
as well as a specific dia to any and a	ny medical professional, to administ gnosis, treatment or hospital care be	er emergency medical tr ing required but is given ital care which the afore	xpenses which may be incurred by my child. I greatment to my child. It is understood that this at to provide authority and power on the part of the mentioned physician in the exercise of his best Civil Code of California.	uthorization is given in advance of any he aforesaid agent to give specific consent
	document, I acknowledge that it found, by a court of law, to have	anyone is hurt or prop waived my right to mad d Gymnastics, LLC ho	sk and Waiver of Liability and agree to the to perty is damaged during my participation or aintain a lawsuit against Bay Island Gymnast erein. I have had sufficient opportunity to rea	my child's participation, I may be tics, LLC on the basis of any claim from
	Davont/Cuardian Signature			Date:
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Please pri	int clearly and return to a BIG			·
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