

Missouri Elite Gymnastic Academy

19601 S. Harrelson Dr. – Belton, MO 64012

Fieldtrip/Open Gym/Birthday Party Hold Harmless Form

PARICIPANT INFORMATION

Date ____/____/____

Participant's Name: First _____ Last _____

Birthday ____/____/____ Sex ____ Grade ____ School _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ E-mail address _____

PARENT / GUARDIAN INFO

Father's Name _____ Work/Cell Phone _____

Mother's Name _____ Work/Cell Phone _____

Emergency Contact (not parent/guardian) _____ Phone _____

Medical Conditions (if any) _____

RELEASE FORM

- I give my approval for the above named student's participation in any and all activities of the MEGA.
- I give MEGA approval to the use the above named student's name and likeness in the newspaper, on the website and for other marketing related purposes.
- I hereby forever waive, and forever release and discharge MEGA, its partners, directors, employees and agents from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors and facilities.
- As a student or parent or guardian of a student, I understand that it is my option to consult a physician for assurance of proper health and have been encouraged to do so by MEGA.
- I authorize the representatives of MEGA to provide any emergency medical services that may be required due to an injury during any gymnastics or cheer activity at or for MEGA.
- I understand that participation is entirely by my own choice and with the understanding that there is risk and the possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height.
- MEGA is not responsible, whatsoever, for anything that happens before or after the students' designated workouts and classes.
- **I do hereby certify that I have read, understand and accept each of the above policies, terms and conditions shown by my signature below.**

Signature of Parent,
Guardian, or Participant (if over 18) _____

Printed Name _____ Date _____

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