



Balance Gymnastics and Wellness Center

Fitness for The Body, Mind and Spirit

The Sports Factory, White Mills, PA 18437

570•470•1365

RELEASE FORM

Name of participant(s) (child)
D.O.B. of Participant(s) _____

Parent/Guardian signing the release (print)
Address: _____

Emergency Contact Person: _____
Emergency person Phone: (_____) _____
Special instructions or medical concerns: _____

Email Address: _____
Home phone: (_____) _____

May we use pictures/video of your child for advertising and promotions (no names will be used)? Yes _____ No _____

In Consideration of the permission granted my child to participate in a Balance Gymnastics and Wellness Center activity, birthday party, class, competition, team, including non-gymnastics activities (hereinafter referred to as the "Activity"), I, the parent or legal guardian of the above named child, make the following representations:

1. I understand the nature of the Activity that my child will participate in, and I represent that to the best of my knowledge, my child is qualified, in good health, and in proper physical condition to participate in the Activity. I further represent and acknowledge that, should I ever believe that any of the above representations become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for my child, that it will be my responsibility to immediately discontinue my child's participation in the Activity.
2. I understand that the Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which the Activity takes place, or the negligence of the "releasees" named below. I further understand that there may be other risks either not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and all responsibility for losses, cost and damages that I may incur as a result of my child's participation in the Activity.
3. I hereby give my approval of and consent to my child's participation in the Activity. I assume all risks and hazards incidental to the Activity and to transportation to and from the Activity. I hereby release, acquit, covenant not to sue, and forever discharge, and agree to indemnify and save harmless United Sports Academy, its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches, and in the transportation of participants to and from the Activity, of and from all and all actions, causes of action, claims, or demands, of whatever name or nature arising out of injuries to or death of the above named child as a result of the Activity and the transportation of the above name child thereto and there from.
4. In the event my child is injured or becomes ill when I am not present and reasonable efforts to contact me at _____(phone #) or (other parent or guardian/contact) at _____(phone #) have been unsuccessful, I hereby give my consent for (1) the administration to my child of any medical treatment deemed necessary by any licensed physician or dentist; and (2) the transfer of my child to any hospital that is reasonably accessible. This authorization does not cover major surgery unless the opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning my child's medical history (allergies, medications being taken, physical impairments, etc.) are as follows: _____

6. I have read this release in its entirety and understand all of its terms. I understand that by signing this release, I am giving up substantial rights. I execute it voluntarily and with full knowledge of its significance.

Date

Signature of Parent or Guardian