



WAIVER RELEASE FORM

(Instructions: fill out form, print, sign and bring this with you to your first class)

DATE: _____

CHILD'S NAME: _____, BIRTHDATE: _____, AGE: _____

Has my permission to participate in gymnastic classes at Silver State Gymnastics Academy. I understand that participation in gymnastics involves certain risks associated with height and rotation, which can result in injury. I voluntarily allow my child to participate in these activities with full knowledge of the risks involved. I accept any and all responsibility and will not hold Silver State Gymnastics Academy, employees or owners liable.

PARENT/GUARDIAN SIGNATURE: _____

HOME PHONE: _____ CELL PHONE: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____

REFERRED BY: _____

Silver State Gymnastics Academy

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