9162 Trinity Drive Lake in the Hills, Illinois 60156
(847) 854-8518

Release of Liability

Participant Name _____ Date Of Birth _____

Address _____ City _____ State _____ Zip _____

Parent _____ Home Phone _____

Cell _____ Work _____ EMail _____

I, as parent/guardian, do hereby grant permission for my child (listed on this form), and hereinafter referred to as "participant", to participate in activities supervised by Trinity Academy of Gymnastics (hereafter referred to as gym). That participant may receive the necessary medical treatment in the event of an injury or illness, I hereby authorize the gym staff to obtain medical treatment for the participant for such injury or illness, and I hereby hold the gym harmless in the exercise of this authority. I further acknowledge and understand and agree that in participating in these activities there is a possibility of physical injury (minimal, serious, or catastrophic) or illness, and the participant is fully assuming the risk of such physical injury or illness. I further agree to hold harmless the gym, its owners, directors, staff and coaches from any claims arising from injury or illness incurred by participant during the course of the activities. I further acknowledge that I will be responsible for any and all medical and related bills that may be incurred during these activities by the participant. I also agree that if I, or I on behalf of the participant or agent of the participant brings an unsuccessful lawsuit against the gym or its staff that I agree to cover all legal fees incurred by the gym or its staff. There are no refunds.

Parent Signature_____ Date _____

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