

**Creative Gymnastics Center
Emergency Form**

Child's Name

_____/_____/_____
Child's Date of Birth

M / F

Parent Printed Name

() _____
Phone #

I am fully aware of, appreciate and accept the risks involved in doing gymnastics, tumbling and other gym activities; including the risk of catastrophic injury, paralysis and even death. I further agree that Creative Gymnastics Center, along with its employees, agents, officers and directors shall not be liable for any losses or damages occurring as a result of my or my child's participation in any gym activities. I further agree that I will not participate on any of the equipment.

Parent Signature

_____/_____/_____
Date

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