

Release Form for Lock-in

Name: _____

Age: _____

Parent's Name: _____

Phone Numbers: _____

Emergency Contact: _____

Consent Waiver: I, the undersigned parent or guardian of the above named activity, do hereby grant authority to the staff of Sunburst Gymnastics Academy to render judgment concerning medical assistance in the event of an accident or illness during my absence.

Liability Waiver: I, hold Sunburst Gymnastics Academy, its teachers, staff, and school harmless for any injuries arising out of participation in this activity.

Parent or Authorized Guardian's **Signature:**
