



Frank M. Kudlac - Director



3014 South I-35E
Denton, Texas 76210

Birthday Party / Open Gym Guest Release Form

Child's Name: _____ Age: _____ DOB: _____

_____ Age: _____ DOB: _____

Address: _____ City: _____ St: _____ Zip: _____

Mother's Name: _____ Home Phone: _____

Father's Name: _____ Home Phone: _____

In case of an emergency, please contact (someone other than parent):

Name: _____ Relationship: _____ Phone: (____) _____

Unusual Medical History: _____

Having been informed of the activities to be conducted by the Achievers Gymnastics Birthday Party / Open Gym program, I, as parent or guardian for the participant, give my approval for the above named student(s) to participate in any and all activities of the birthday party / open gym. I assume all risks and hazards incidental to the program including transportation to and from these activities. I further release, waive, and forever discharge any and all rights and claims against Achievers Gymnastics Center, LLC, its directors, owners, instructors, and employees, holding them harmless from any illness or injury of the participant occurring during the Birthday Party / Open Gym Program.

As the parent or guardian of the participant, I have been informed and am fully aware of the dangers and risks of doing gymnastics. I understand that it is my option to consult a physician for assurance of proper health and am encouraged to do so by Achievers Gymnastics Center, LLC.

Signature of Parent or Guardian

Date

Gym Phone
940-484-4900



Gym Fax
940-484-1305