

**ULTIMATE GYMNASTICS
SPECIAL EVENTS PERMISSION FORM**

My child _____ has my permission to attend
and participate in the Fun Night at Ultimate Gymnastics.

I understand that food and drinks will be served/sold. My child is allergic to the following
foods:_____.

My child is allergic to the following non-food substances:

_____.

ASSUMPTION OF RISK: Participation in gymnastics involves motion, rotation, and height in a unique environment and as such, carries with it a degree of risk. Catastrophic injury or even death can result from conduct of the activity. I hereby accept and assume such risks and responsibilities for any losses and/or damages arising from any injury, disability, paralysis, or death of the above named participant(s), however caused or whether caused in whole or in part by the negligence of Ultimate Gymnastics, its owners, staff, or employees.

In case of emergency I can be reached at the following phone number during the event:

I give my permission for the Ultimate Gymnastics to seek emergency medical treatment for my child if the event that I cannot be reached.

Parent Signature:_____

Date:_____