

# ULTIMATE GYMNASTICS

## 2010 Open Compulsory Camp

### Release Form

STUDENT'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS (For Camp Reminders):

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GYMNAST'S COMPETITION LEVEL: 2 3 4 5 6 **USA or AAU**  
(As of June 1<sup>st</sup>, 2010)

My child \_\_\_\_\_ has permission to attend and participate in all activities of Compulsory Camp at Ultimate Gymnastics. I understand that she will be coached, spotted, and critiqued by other adults besides her regular coach. I also understand that food and drinks will be served. My child is allergic to the following foods

\_\_\_\_\_.

My child is allergic to the following non-food substances \_\_\_\_\_.

**Assumption of Risk:** Compulsory Camp involves gymnastics and non-gymnastics related activities. Catastrophic injury, paralysis, or even death can result from the conduct of these activities.

I hereby except and assume such risks and responsibility for any loss and/or damages arising from any illness, injury, paralysis, or death of the above named participant; however caused or whether caused in whole in part by the negligence of Ultimate Gymnastics, its owners, staff, employees, or clinicians.

In case of an emergency please contact at \_\_\_\_\_  
(Phone number)

I give permission for the Ultimate Gymnastics' staff, owners, or volunteer drivers to seek emergency treatment in the event that I cannot be reached. I also understand that all payments are **non-refundable**.

Signature \_\_\_\_\_

Date \_\_\_\_\_