

Broderick Gymnastics Open Gym Release Form

Guest Name: _____ Age: _____

Do you have any allergies/conditions/limitations we should be aware of? Y or N

If yes, please explain: _____

Emergency Contact Name: _____ Phone: _____

I understand that the activities conducted at Broderick Gymnastic Academy, Inc. can have inherent risks. I give permission for my child _____ to participate in these activities. I hereby testify to my child's sound health of mind and body.

(Parent / Guardian Signature)

(Date)