OLYMPIC GYMNASTICS ACADEMY
Holiday Party

In consideration of Olympic Gymnastics Academy (OGA) accepting my child into participation and training in gymnastics, which activity I hereby acknowledge involves a greater than normal risk of injury, I agree as my child's parent or guardian to assume all risks, costs, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs, lessons or meets.

I give permission to OGA and/or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of OGA.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad) deem it necessary. The child will be transported at my expense.

I understand that in some situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the patient's behalf.

Warning! Catastrophic injury, paralysis, or even death, can result from improper conduct of the activity.

Further, I hereby release and agree to hold harmless and to indemnify the OGA employees, owners, or volunteers from any claims, losses or expenses incurred or on behalf of me, my child or my child's family.

Participant Name	Responsible Adult (Signature)	Date	Phone	Fee Paid