

OOA Gymnastics Release from Liability Agreement: In consideration of the right to participate in this activity, I release any and all claims for damages and losses suffered by me or my minor child as a result of said participation with OOA Gymnastics and any agents thereof. I further understand that there are certain risks inherent in this activity which and that proper training and physical conditioning are necessary. I hereby agree to assume those risks on my behalf or on the behalf of my minor child and to hold harmless OOA Gymnastics and its agents. In case of emergency, every attempt will be made to contact either the parents or the emergency contact number. However, Should contact not be established, I give permission to OOA Gymnastics to act in my child's best interest, in regard to emergency care and/or Hospitalization. I have read and understood the above statements, along with the OOA Gymnastics Rules and Policies, and am willing to adhere to them.

**Participants Name:** \_\_\_\_\_ **B/D:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City. St. Zip:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Emg. Phone:** \_\_\_\_\_  
**Parent/Guardian Printed Name:** \_\_\_\_\_ **Emg. Name:** \_\_\_\_\_  
**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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