Lafayette Sports Academy

PARTICIPATION/RELEASE FORM

_____ _____/_____/_____ _____ M / F

PARTICIPANT'S NAME DOB AGE GENDER

PARTICIPATION CONSENT

I REALIZE THAT PARTICIPATION IN GYMNASTICS OR RELATED ACTIVITIES IS NOT RISK-FREE, AND THAT THE POSSIBILITY OF SERIOUS OR CATASTROPHIC INJURY FROM PARTICIPATION IS POSSIBLE. UNDERSTANDING THIS, I AGREE TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN ACTIVITIES AT LAFAYETTE SPORTS ACADEMY.

MEDICAL RELEASE

I HEREBY GRANT PERMISSION FOR THE STAFF OF LAFAYETTE SPORTS ACADEMY TO RENDER A JUDGMENT ON THE NEEDS OF MY CHILD AND TO SEEK IMMEDIATE TREATMENT, IF NECESSARY, IN THE EVENT OF MY ABSENCE OR INABILITY TO GRANT PERMISSION. I FURTHER AGREE TO HOLD LAFAYETTE SPORTS ACADEMY, ITS STAFF, AND MANAGEMENT HARMLESS IN THE EVENT OF AN INJURY TO MY CHILD THROUGH PARTICIPATION IN ACTIVITIES OR PROGRAMS AT LAFAYETTE SPORTS ACADEMY.

PHOTO RELEASE

LAFAYETTE SPORTS ACADEMY HAS MY PERMISSION TO USE MY OR MY CHILD'S PHOTOGRAPH PUBLICLY TO PROMOTE THE GYM. I UNDERSTAND THAT THE IMAGES MAY BE USED IN PRINT PUBLICATIONS, ONLINE PUBLICATIONS, PRESENTATIONS, WEBSITES, AND SOCIAL MEDIA. I ALSO UNDERSTAND THAT NO ROYALTY, FEE, OR OTHER COMPENSATION SHALL BECOME PAYABLE TO ME DUE TO SUCH USE.

HAVING READ AND AGREEING TO THE ABOVE, I GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN THE EVENT, OR PROGRAM HOSTED BY LAFAYETTE SPORTS ACADEMY.

_____ _____

SIGNATURE OF PARENT / GUARDIAN **DATE**

_____ _____

CONTACT EMAIL **PHONE NUMBER**