

**Permission to Participate**  
Bring to gym the day of the party

Guest's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (other) \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Release: I recognize the potential for injuries which can occur in gymnastics and activities involving movement, trampolining, and exercise. I hereby consent to the above person participating in activities on equipment owned and/or used by Saddle Rock School of Gymnastics, LLC. and hereby agree that I for myself, my child(ren) adopted or otherwise, my heirs and executors waive and release any and all rights and claims for damages that I may have at any time against the school or it's agents and representatives for any injury or damages in connection with my association with or entry in gymnastics or other activities sponsored by Saddle Rock School of Gymnastics, LLC.

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