

ALL PARENTS MUST SIGN BELOW IN ORDER FOR CHILDREN TO PARTICIPATE IN THE FIELD TRIP

I fully understand that there are inherent risks and dangers associated with sports. I accept those risks and assume the responsibility for any losses and/or damages however caused or alleged to be caused in whole or in part by Palouse Empire Gymnastics, Inc., event hosts, other participants, coaches, instructors, officials, sponsors, owners, and lessees of the premises used to conduct these activities, and each of them, their officers, directors, agents, and employees.

I acknowledge that be participating in gym activities and/or by moving around the gym, with it's equipment and possible uneven surfaces, there is a risk of injury. I acknowledge that I accept the risk and waiver the option to sue should I, or any minors for which I am responsible for incur injury. By waiving the option to sue, I also thereby release Palouse Empire Gymnastics and it's agents or employees from liability for such injury.

I hearby grant authority to the staff of Palouse Empire Gymnastics to render a judgement concerning medical assistance or hospital care in the event of an injury or illness during my absence or if I am unable to be contacted.

I HAVE READ THE ABOVE STATEMENT AND SIGN IT VOLUNTARILY.

	CHILD or CHILDREN'S NAMES	PARENT SIGNATURE	DATE
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