

A Field Trip at Palouse Empire Gymnastics!

What: _____ will have 45 mins of fun, fun, fun!
Experience the fun of gymnastics and movement! Go through an obstacle course, jump in the pit and bounce across the 40 foot long in-ground trampoline.

When: Day: _____ Date: _____
Time: _____



Where: 810 North Almon
¼ mile north of Rosauers, just past the mini storage complex.
We are the large white building on the right side of the road.

What to wear: Please no ballet tights or skirts for girls.
Children and chaperones will be asked to remove their shoes and socks before entering the gymnasium.

Cost: Minimum of \$20. \$2 per for each additional child

Safety Note: For your child's safety, infants and crawlers must remain in a car seat, sling, backpack or upstairs with another adult.

PAYMENT AND PERMISSION SLIP WITH A PARENT SIGNATURE OF EACH PARTICIPATING CHILD MUST BE RETURNED TO P.E.G. ON OR BEFORE THE DAY OF THE FIELD TRIP. THANKS.

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 by participating in gym activities and/or by moving around the gym, with its equipment and possible uneven surfaces, there is a risk of injury. I acknowledge that I accept the risk and waive 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 its agents or employees from liability for such injury.

I hereby 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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