

GymnasticsEtc.
“Field Trip Authorization Form”

Activity or Special Event: Any and all activities outside the GymnasticsEtc facility.
Date: May 1st 2008 - April 30th 2009.

Name of Participant(s). _____

In the event that my child suffers any illness or injury requiring emergency treatment while involved in GymnasticsEtc activity, I hereby give my permission for any necessary hospitalization, medication, or medication, on the recommendation of medical personnel, in which case I will be responsible for all costs. By signing this document, either individually and/or in the capacity of a natural or legal guardian, you acknowledge the inherent risks of bodily injury, psychological injury or even death, in the activities of gymnastics, swimming, and any other activities GymnasticsEtc may transport my child to as part of camp program, as well as through presence as a spectator. By signing this document, you either individually and/or in the capacity of a natural guardian, hereby release, hold harmless, and exculpate GymnasticsEtc, Inc., it's officers, agents, representatives, and employees, from any and all liability for their negligence in allegedly bringing about bodily injury, psychological injury or death. Your release of liability for negligence, set forth above, further extends to any defective condition of the premises whether or not known to occurring off-premises during transportation to of from related events.

Signature of Parent (Guardian) _____ Date _____

GymnasticsEtc.
“Authorization to Pick-Up List”

The following persons are authorized to pick up my child from GymnasticsEtc or from GymnasticsEtc field trip locations. I will provide written authorization for any other individual to pick up child/children.

Participating child / children's name: _____

Adult Name: _____ Relationship to child _____

Adult Name: _____ Relationship to child _____

Adult Name: _____ Relationship to child _____

Adult Name: _____ Relationship to child _____

Adult Name: _____ Relationship to child _____