



# MEDICAL RELEASE FORM

- I give my approval for the above named student's participation in any and all activities of the program.
- I hereby forever waive, and forever release and discharge Moe's Gymnastics Academy, their officers, directors, employee and agents from all liability for any and all damages injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors and facilities.
- As a student or parent or guardian of a student that is my option to consult a physician for assurance of proper health and have been encouraged to do so by MGA.
- I authorize the representatives of Moe's Gymnastics Academy to provide any emergency medical services that may be required due to an injury during any gymnastics activity at or for Moe's Gymnastics Academy.
- I understand that participation is entire by my own choice and with the understanding that there is risks and the possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height.
- The Moe's Gymnastics Academy is not responsible, whatsoever, for anything that happens before or after the student's designated class time.

**I do hereby verify that I have read and understand and accept each of the above policies and conditions shown by my signature below.**

Signature of parent,

guardian, or participant (if over 18 ) \_\_\_\_\_ Date \_\_\_\_\_  
Witness  
Date \_\_\_\_\_

**This portion to be completed by club.** Try class date \_\_\_ / \_\_\_ / \_\_\_

Reg. Fee\$ \_\_\_\_\_ Date paid \_\_\_ / \_\_\_ / \_\_\_ Form of payment \_\_\_\_\_

First month's tuition \_\_\_\_\_ Monthly tuition \_\_\_\_\_ Start date \_\_\_ / \_\_\_ / \_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

JAN \_\_\_\_\_ JUL \_\_\_\_\_

FEB \_\_\_\_\_ AUG \_\_\_\_\_

MAR \_\_\_\_\_ SEP \_\_\_\_\_

APR \_\_\_\_\_ OCT \_\_\_\_\_

MAY \_\_\_\_\_ NOV \_\_\_\_\_

JUN \_\_\_\_\_ DEC \_\_\_\_\_