

McKeon Dance & Gymnastics Center



Release Form

'All children must bring a signed release form to participate in any party.

****Children under 4 years of age must be accompanied by an adult.**

_____, give permission for my child, _____ to participate in a birthday party at the McKeon Dance & Gymnastics Center. I recognize that any activity involving height or motion can create the possibility of injury. I waive and release any and all rights and claims for damages I may have against McKeon Dance & Gymnastics Center for any and all injuries and damages suffered by enrollees in connection with the program. If for any reason, I myself enter the gym area, I waive and release any and all injuries and damages suffered as a result. I give permission for M.D.G. staff to give the above named child basic first aid when necessary. In the event that a more serious accident occurs, if I cannot be contacted, I authorize for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is necessary. I authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child.

As legal parents/guardians for the above named child, I verify that I fully understand and accept each of the above conditions for permitting my child to participate in a birthday party at McKeon Dance & Gymnastics Center Parent / Guardian Signature: _____ Date: _____

Parent /Guardian Signatruue: _____ Date: _____

Address: _____ Phone #: _____



McKeon Dance & Gvmnastics Center

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