

Field Trip Permission Slip/Waiver

On	, your child i	will be attending a Field Trip a	at Extreme Gymnastics USA. In
•		1 2	which includes an obstacle course,
-	•	e fill out & return this form to	your child's teacher/group
leader/party planne	er.		
l,		give my permission for	
			son/daughter name
to participate in the	activities at Extr	reme Gymnastics USA.	
Name			
Address		City	Zip
Contact Phone ()	E-mail	
	<i>,</i>		
In consideration	of the agreement of Ex	xtreme Gymnastics U.S.A. Inc. (hereafter	EG U.S.A.) to accept the above named child
			e parent or legal guardian of said participant
		vity involving height, speed, motion and	
accidental injuryand that	t he/she voluntarily as	ssumes the risk of such injury to the par	ticipant.
Further Lam awa	are and fully understar	nd that gymnastics and cheerleading are	e vigorous sporting activities and pose a risk of
			nd adherently involve certain risksIncluding
but not limited to death, se	erious neck and spinal	cord injuries that could result in compl	ete or partial paralysis, brain damage and or
			also understood that landing mats, pits, and
			dequate to prevent injury. In other words the
			harm. I am voluntarily participating in this risks of personal injury, property damage and
even death.	se of the fishs involved	and hereby agree to accept any and an	risks of personal injury, property dumage and
			U.S.A. Inc., it's board of directors and officers,
			participant at any EG U.S.A. activity. I affirm ly understand that by signing this form I am
		arise due to injury during participation i	
		, , ,	y
PARENT/GUARDIAN	SIGNATURE		
,			
			DATE/