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I LOVE MY GYM!

## RELEASE FORM

IN CONSIDERATION of allowing the named student to enroll in a gymnastics school and program and the use by the student of the premises and property of said school, the undersigned, being the legal and acting guardian of the student, acting for themselves and on behalf of the student, release and hold harmless ACCEL GYMNASTICS, its owners, employees, and agents of and from any and all liability, claims, demands, actions and causes of action whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the student and/or the undersigned, while in, on, or upon the premises upon which the school is conducted, or any premises under the control and supervision of ACCEL GYMNASTICS, its owners, officers, employees and agents, or en route to or from any said premises, or while at any other premises or place when undertaking activities whatever kind or nature related to activities sponsored by or participated in by ACCEL GYMNASTICS, its owners, employees, and agents.

## ASSUMPTION OF RISK

Participating in gymnastics involves motion, rotation and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the student elect voluntarily to enter upon said premises under the control of said company, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time that the student or the undersigned is upon said premises. The undersigned and the student voluntarily assume all risks and loss, damage or injury that may be sustained by the student and or the undersigned or and property owned by them, while in, or upon said premises described above. The company may, but shall not be obligated to carry insurance shall not change, alter or increase the liability of the company to the student and/or the undersigned or effect the terms of this release.

In signing this release, the undersigned acknowledges;

- A. that he or she has read the release, and signs voluntarily.
- B. That the undersigned signing as legal guardian are in fact the true legal guardians and has the consent of the student.
- C. That the legal guardian hereby releases the ACCEL GYMNASTICS staff to render first aid to their child in the event of injury or illness; which includes calling

- the Doctor listed on the Registration Form to seek medical help.
- D. That the legal guardian guarantees that they have medical insurance and understands that the insurance provided by ACCEL GYMNASTICS policy is secondary insurance only, and the parent/ guardians insurance will be the first insurance provided to pay for any medical treatment of the participant.

Parent /Guardian's First & Last Name (Please Print):

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Signature of Parent /

Guardian \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Name: First \_\_\_\_\_ Last \_\_\_\_\_

Parent's Email and Phone:

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