

**Capital Gymnastics National Training Center
Adult Open Gym Release Form**

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____

Address: _____

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Medical Concerns: _____

Allergies / Medications: _____

IN CASE OF EMERGENCY

Contact Name: _____

Contact Phone: _____ Relationship: _____

I hereby grant permission for the persons enrolled (myself) to participate in the programs held by Capital Gymnastics National Training Center. I am aware and understand the risks involved in the sport, and I release Olimpia, LLC or Capital Gymnastics National Training Center and its employees from all liability which might be incurred during the conduct of this activity. I further agree to indemnify and hold the Corporation harmless for any claims or lawsuits brought by or on behalf of myself.

In an Emergency, I hereby grant permission to their employees, to have authority, at my expense, in the event I am not conscious, to utilize the most convenient volunteer rescue squad vehicle or ambulance to transport me to the hospital and if necessary, I authorize medical treatment. I hereby verify that I have passed a medical examination within the last twelve (12) months and am fully capable of participating in the sport of gymnastics.

Print Name: _____

Signed: _____ Date: _____

(Age 18 years or Older)