



**Medical Release Form**

- I give my approval for the above named student's participation in any and all activities of the PINNACLE GYMNASTICS, LLC programs.
- I hereby forever waive, and forever release and discharge Pinnacle Gymnastics, LLC their officers, directors, employee and agents from all liability for any and all damages and injuries suffered by the participation in connection with said use of the aforementioned equipment, instructors and facilities.
- As a student or parent or guardian of a student, I understand that it is my option to consult a physician for assurance of proper health and have been encouraged to do so by Pinnacle Gymnastics, LLC.
- I authorize the representatives of Pinnacle Gymnastics, to provide any emergency medical services that may be required due to an injury during any gymnastics activity at or for Pinnacle Gymnastics.
- I understand that participation is entirely by my own choice and with the understanding that there are risks and the possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height.
- Pinnacle Gymnastics, is not responsible, whatsoever, for anything that happens before or after the students designated workouts and dance class.
- **I do hereby verify that I have read and understand and accept each of the above policies, terms and conditions shown by my signature below.**

Participant Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

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