

**Michigan Elite Gymnastics Academy**  
**Permission to Participate**

*Bring to the gym the day of the party/field trip*

Guest Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parents Name: \_\_\_\_\_

**Release:**

I recognize the potential for injuries, which can occur in gymnastics and activities involving tumbling, trampolining and exercise. I hereby consent to the above guest participating in activities on equipments used by M.E.G.A. and hereby agree to release M.E.G.A. Inc., its officers, employees, teachers and coaches from all liability for any and all damages suffered by my child while under the instruction, supervision, or control of M.E.G.A. Inc. I also realize at no time are adults permitted on the equipment.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_