



Owego Gymnastics Party Release Form

Child's Name _____ Parent's Name _____

Email: _____

Address _____

Cell Phone: _____ Child's age _____

Emergency Contact: _____ Phone: _____

Your son/daughter has been invited to a party on _____ (DATE)

Presently, an inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death... By entering Owego Gymnastics & Activity Center, you voluntarily assume all risks related to exposure to COVID-19.

I agree and understand that all activities are done at the participant's own risk, without liability to this Center, its officers or instructors and have read and agree to follow the Parent/Guardian Responsibilities. I intend this statement to take effect as a sealed instrument.

Any allergies or health conditions: _____

Media Release: We may use your child in our media, includes but not exclusive to newsletters, slide shows). **Yes No (circle one) Absence of circle is consent.**

Signature of parent: _____ Date: _____



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