



**RELEASE BY PARENT OR GUARDIAN**

I \_\_\_\_\_, AM THE NATURAL PARENT  
parent  
AND/OR GUARDIAN OF THE MINOR CHILD \_\_\_\_\_  
Child  
WHOSE BIRTHDAY IS \_\_\_\_\_.

BIRTHDAY  
BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF BROOKHAVEN  
AND ITS DEPARTMENT OF RECREATION ALLOWING MY MINOR CHILD TO  
PARTICIPATE IN THE FOLLOWING RECREATIONAL ACTIVITY, TO-  
WIT: GYMNASTICS

I DO HEREBY, ON BEHALF ON MY MINOR CHILD, RELEASE SAID CITY  
AND DEPARTMENT FROM ANY RESPONSIBILITY FOR ANY HARM OR  
INJURY, (OR ANY LIABILITY WHICH MAY RESULT THEREFROM) WHICH  
SAID CHILD MAY EXPERIENCE OR SUFFER FROM WHILE  
PARTICIPATING IN OR ATTENDING A RECREATIONAL ACTIVITY  
SPONSORED, OPERATED OR CREATED BY SAID CITY AND DEPARTMENT.  
I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT THE SAID CITY AND  
DEPARTMENT WILL PROVIDE NO HEALTH AND ACCIDENT INSURANCE  
FOR MY CHILD TO COVER MY CHILD FROM BODILY INJURY HE/SHE  
MAY SUFFER WHILE PARTICIPATING IN THE CITY AND DEPARTMENT  
RECREATIONAL ACTIVITIES. I HAVE READ AND UNDERSTOOD THE  
ABOVE RELEASE AND AGREE TO ITS TERMS.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_