

NAME	AGE	DATE OF BIRTH
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MAILING ADDRESS	CITY	ZIP
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YEARS OF GYMNASTIC	GRADE ENTERING
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5 CLASSES (1 WEEK) June 21-25

Will call and give time.

OVER

RELEASE BY PARENT OR GUARDIAN

I _____, AM THE NATURAL PARENT AND/OR
PARENT
GUARDIAN OF THE MINOR CHILD _____ WHOSE
BIRTHDAY IS child _____.
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:

SUMMER 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. THE RECREATION DEPARTMENT HAS PERMISSION TO USE ANY
PHOTOGRAPHY TAKEN DURING THE CLASSES FOR PUBLICITY PURPOSE.

I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS
TERMS.

SIGNED _____

DATE _____