Indiana Gymnastics Center Open Gym / Birthday Consent Form

I hereby give permission for		articipate at Indiana Gymnastics Center for Open
Gym. Further, I authorize the center to provid	her, I authorize the center to provide emergency treatment for an injury to my child if qualified medical personnel consider necessary. This authorization is granted only if I cannot be reached. My child and I are aware that participating in a potentially hazardous activity. I assume all risks associated with this sport, up to and including serious injury and	
		9. I understand that my child may be photographed
and images may be used on social media/web	site/advertising.	
I also understand that all open gym participar following these rules will be removed from th		s, as specified by gym instructors. Any child not onth.
Parent Signature		Phone Number
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