

BUTLER GYMNASTICS CLUB
School Event Participant Release Form

Participant Information:

Students Name: _____ Date of Birth: ____ / ____ / ____

WAIVER OF LIABILITY

I understand that participation in gymnastics activities, including School Events, involves certain risks, including injury. By signing below, I release Butler Gymnastics Club, its staff, and affiliates from all liability for any injury or loss sustained during open gym activities.

I acknowledge that the Participant will follow all safety rules and instructions. In case of emergency, I authorize Butler Gymnastics Club to seek medical treatment for the Participant and accept full financial responsibility for any associated costs.

Photo Release (Optional):

☐ I consent

☐ I do not consent

to the use of Participant's photo or video for promotional purposes.

Date: ____ / ____ / ____

Parent/Guardian Name: _____

Phone Number: _____

Signature: _____

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