

# Starz Gymnastics

## General Release Form

My Child \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number (    ) \_\_\_\_\_  
Has permission to participate in Gymnastics, Dance, or Cheer at  
the Starz Gymnastics Dance & Cheer Facility.  
Email \_\_\_\_\_

I understand that gymnastics, dance and cheer activities involve height, rotation, motion, and carry reasonable risk assumption. I voluntarily consent to the aforementioned person participating in the Starz Gymnastics Dance and Cheer program and accept all risks associated with that participation. I release all association with the program from all liability for any and all damages and injuries suffered by my child including ordinary negligence while under the instruction, supervision, or control of Starz Gymnastics.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date