



Oakland Rhythmic Gymnastics

Medical Release

I certify that I am the parent or legal guardian for my child(ren), and on behalf of myself, child(ren) and our heirs, assigns and next of kin, I hereby enter into the following agreements in consideration of my child(ren) being able to participate in any way at practices, competitions, performances or other activities related with **Oakland Rhythmics** ("Oakland Rhythmic Gymnastics").

I hereby give my permission for any supervisor, coach or other team administrator associated with the **Oakland Rhythmics** to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge **Oakland Rhythmic Gymnastics** and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in **Oakland Rhythmic** activities, whether or not damages or loss is due to negligence. I hereby acknowledge that my child(ren) is (are) physically fit and capable of participation in all gymnastics activities.

Parent or Legal Guardian Signature

Date