

**CONSENT FOR TREATMENT OF A MINOR  
INJURY and ASSUMPTION OF RISK/RELEASE  
FROM LIABILITY**

I, the undersigned, as the parent(s)/guardian of

\_\_\_\_\_,  
, \_\_\_\_\_ give my permission to Air Force Gymnastics Academy, LLC to act on my behalf to contact an available medical provider and hereby authorize the physicians and their associates of an appropriate medical facility to perform such diagnostic, medical and/or surgical treatment on my child as may be deemed necessary in order to assure the safety of my child(ren). I fully understand that in the case an ambulance is required; my insurance company will cover the cost.

I also fully understand that gymnastics activities may be dangerous and my son/daughter will be exposed to risk of injury.

I hereby, give my permission in the program and activities of Air Force Gymnastics Academy, LLC and release the club and instructors from any liabilities resulting from participation.

Parent(s)/Guardian Signature:

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Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

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