



GP Strong Inc. – d/b/a GYMNASTICS PLUS
6180 E. Warren Avenue, Denver, CO 80222
(303) 512-0799

PARENTS’ NIGHT OUT

ACTIVITIES PERMISSION, AUTHORIZATION AND RELEASE AGREEMENT

I, the undersigned, hereby certify that I am the parent and/or legal guardian of my child, ...
I hereby give GP Strong Inc., (hereinafter referred to as “GP”) permission to allow the above named child to participate in the programs and activities available to my child and/or offered by GP at the Parents’ Night Out Program.

I fully understand and agree that the Activities my child may participate in at the GP Parents’ Night Out Program carry with them many risks, including, but not limited to, bodily injury, partial or total disability and even death.

I hereby certify that I have completed and provided to GP written information on the Emergency Information form below which discloses any and all health, medical, psychological, mental and physical conditions and issues that affect my child’s participation in any of the Activities at the GP Parents’ Night Out Program.

I hereby waive, forever and fully release, discharge and hold harmless GP and its employees, owners, coaches, agents, representatives, assignees, activities coordinators, activities supervisors and volunteers, from and against all claims, costs, damages, actions, demands, causes of action and liability, of any kind whatsoever, whether known or unknown, and/or for damage, destruction or loss of any property of the undersigned or my child, which occurs during, results from or is any way related to my child’s participation in Activities and/or attendance at the GP Parents’ Night Out Program.

This Activities Permission, Authorization and Release Agreement applies to my child’s participation in the GP Parents’ Night Out Program and covers all claims, demands, damages, injuries, costs and causes of action of any kind whatsoever.

\* These are event tickets and are nonrefundable. Cancellations must be made at least a week prior to the event in order to receive a credit towards a future Parents’ Night Out event. No refunds will be provided.

X \_\_\_\_\_ / \_\_\_ / \_\_\_\_\_
Printed Name of Child Age Birthdate Date:
X \_\_\_\_\_
Printed Name of Parent/or Legal Guardian Date:
X \_\_\_\_\_
Signature of Parent/or Legal Guardian

