Exxcel Gymnastics & Climbing / 88 Wells Avenue / Newton, MA 02459 / 617.244.3300 * 617.244.5777 (Fax)

2026-27 Clinic Release Form

Child #1 Name:_____**F**____**M**____**DOB**_____

Describe any medical conditions which we should be aware of: _____

Child #2 Name:_____**F**____**M**____**DOB**_____

Describe any medical conditions which we should be aware of: _____

Parent #1:_____**Email**:_____

Address:_____**City/State**:_____**Zip**_____

Home #:_____**Cell#**:_____ **Text Opt In? (Y/N)**: ___**Work#:**_____

Parent #2:_____**Email**:_____

Address:_____**City/State**:_____**Zip**_____

Home #:_____**Cell#**:_____ **Text Opt In? (Y/N)**: ___**Work#:**_____

Emergency Contact Name/Relationship:_____ Phone #:_____

Acknowledgement of Risk and Waiver of Liability

As parents or legal guardians of_____, we hereby give permission for our child to participate in all programs offered at Exxcel Gymnastics, LLC. We recognize that gymnastics and climbing are sports that involve height and rotation of the body, and there are inherent risks involved, including risks of serious injury, other personal injury, or death. On behalf of our child and on our own behalf, we freely and voluntarily assume those risks and we agree to waive all claims against, and hold harmless, Exxcel Gymnastics, LLC and its owners, staff and instructors for any liability, loss, injury, cost, damage, medical expense, long-term care or emotional distress arising out of any personal or other injury, including total disability, paralysis and death, which may occur to any of our children while on the premises of or under the instruction, supervision, or control of Exxcel Gymnastics, LLC, and we agree to assume all responsibility for doctor, ambulance expense, hospital expenses, and medical expenses for any loss or injury by reason of our use or our child's use of facilities owned or operated by Exxcel Gymnastics, LLC. We testify to our child's sound health of mind and body and we authorize Exxcel Gymnastics, LLC to seek medical treatment at the nearest medical facility in case of emergency.

- **Exxcel reserves the right to make, display and/or publish individual photographs. Photographs may be displayed within the gym, on the internet, or printed in our advertisements or promotional materials.**
- **Exxcel is not responsible for lost or stolen items brought into the facility. Please leave all valuables at home.**
- **No refunds or credits with be given for missed clinics.**

We have read and understand all the above and agree to abide by the above terms, including the Waiver of Liability.

Parent, Guardian, or Authorized Person's Signature:_____Date: _____

Please Circle the Appropriate Clinic(s)/dates below -

2026/27 Back Handspring Clinic Dates

12:45pm – **2:00pm / $75.**00 each

Sept. 26 ---- Oct. 10 --- Oct. 24 --- Nov. 7

**** Clinics are subject to cancellation if minimum requirement (3 students) is not met.***