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retouched in character or form.
I certify that I am his/her parent or legal guardian, and I give my consent without reservation to the foregoing on his/her behalf.
I hereby irrevocably authorize Spokane Gymnastics to edit, alter, copy, exhibit, publish, or distribute these photos and videos for any lawful purpose.
I hereby hold harmless, release, and forever discharge Spokane Gymnastics from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.
I HAVE READ AND UNDERSTAND THE ABOVE RELEASE. I ACCEPT:
Date
Name of Child(ren)
Parent (Please Print)
Parent Signature