

A Field Trip at Palouse Empire Gymnastics!

What: Experience the fun of gymnastics and movement! Our enthusiastic instructors will lead your group in 45 mins of non-stop action. Go through an obstacle course, jump in the pit and bounce across the 40 foot long in-ground trampoline.

Ages: 3 – 10 yrs old
Additional assistance may be necessary with 2.5 yr olds.



When: **As scheduled**

Cost: Minimum of \$30 for up to 10 children. \$3 for each additional child. If you have more than 20 children please let us know so we can add a 3rd teacher

Where: 810 North Almon – Moscow, Idaho
¼ mile north of Rosauers, just past the mini storage complex.

Attire: Please no ballet tights or skirts for girls. Children and chaperones will be asked to remove their shoes and socks.

Reservations: Call 208-882-6408 to reserve a spot

PAYMENT AND PERMISSION SLIP WITH A PARENT SIGNATURE OF EACH PARTICIPATING CHILD MUST BE RETURNED TO P.E.G. ON OR BEFORE THE DAY OF THE FIELD TRIP. THANKS.

ALL PARENTS MUST SIGN BELOW IN ORDER FOR CHILDREN TO PARTICIPATE IN THE FIELD TRIP

I fully understand that there are inherent risks and dangers associated with sports. I accept those risks and assume the responsibility for any losses and/or damages however caused or alleged to be caused in whole or in part by Palouse Empire Gymnastics, Inc., event hosts, other participants, coaches, instructors, officials, sponsors, owners, and lessees of the premises used to conduct these activities, and each of them, their officers, directors, agents, and employees.

I acknowledge that by participating in gym activities and/or by moving around the gym, with its equipment and possible uneven surfaces, there is a risk of injury. I acknowledge that I accept the risk and waive the option to sue should I, or any minors for which I am responsible for incur injury. By waiving the option to sue, I also thereby release Palouse Empire Gymnastics and its agents or employees from liability for such injury.

I hereby grant authority to the staff of Palouse Empire Gymnastics to render a judgement concerning medical assistance or hospital care in the event of an injury or illness during my absence or if I am unable to be contacted.

I HAVE READ THE ABOVE STATEMENT AND SIGN IT VOLUNTARILY.

	CHILD or CHILDREN'S NAMES	PARENT SIGNATURE	DATE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			