

A Field Trip at Palouse Empire Gymnastics!



What: Looking for an indoor activity for your students? Come to PEG for 45 mins of movement fun! Go through an obstacle course, jump in the pit and bounce across the 40 foot long in-ground trampoline.

When: Fridays starting June 22 -Aug 17 (Closed July 6)

Time: Sign up for 9am, 10am, 11am, 12:30pm, 1:30pm, or 2:30pm

Where: 810 North Almon St. – Moscow, Idaho

Cost: \$35 minimum for a group up to 10 students.
\$3.5 for each additional participant.
Maximum of 24 participants per time slot. Ages 3+
\$10 cancellation fee for groups giving less than 24 hour notice.



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

**Register online www.palouseempiregymnastics.com
call 208-882-6408 or email palouseempire@frontier.com**

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 be 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 waiver 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 |
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