

TGP Gymnastics Birthday Party Waiver

(This form must be filled out completely to participate.)

Party of: _____

Party Date: _____ Party Time: _____

Things to Know:

We will be doing 45 minutes of gymnastics followed by 45 minutes of refreshments. Your child should wear exercise clothing (no buttons, buckles, belts or zippers) and no tights. Long hair should be pulled back.

Children must be at least 3 years of age to participate.

Children 18 months to 3 years old must be accompanied by an adult at all times.

TUITION COUPON

After attending this party you will receive a coupon for \$10.00 OFF your first session's tuition at The Gymnastic Place (valid for new students only)

RELEASE AND INDEMNIFICATION

As parent/legal guardian of _____, hereafter, child(ren) I recognize that potentially severe injuries, including permanent paralysis or death, can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline and parties. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all of The Gymnastic Place programs and activities and **I ACCEPT ALL RISKS** associated with that participation.

In consideration for allowing me and my child(ren) to use these facilities, I, on behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE** The Gymnastic Place, its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of The Gymnastic Place, including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents. In the event of an emergency, I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold The Gymnastic Place and its representatives harmless in their execution of this action.

Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child as a result of any injury sustained while participating at or for The Gymnastic Place.

By your attending this birthday party, you are granting your permission for you and your child(ren) to be filmed, videotaped, audio taped or photographed by any means and are granting full use of your likeness, voice and words without compensation.

I have read and understood this **ASSUMPTION OF RISK, WAIVER OR LIABILITY** and **MEDICAL AUTHORIZATION**. **I VOLUNTARILY** affix my name in agreement.

Attendee(s') Name: _____ Date of Birth: _____
Please Print

Parent/Legal Guardian Name: _____ Phone Number: _____

Address: _____
Street City State Zip

Medical conditions or allergies we should be aware of: _____

Parent/Legal Guardian Signature: _____ Date: _____