

Gymnasts In Motion
BIRTHDAY PARTY
Waiver

Birthday Party For: _____ Party Date _____

WAIVER

*As legal guardian of _____, 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. Being fully aware of these dangers, I voluntarily give consent for my child to participate in any and all Gymnasts In Motion party activities and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child agree **NOT TO SUE** and **FOREVER RELEASE** Gymnasts In Motion, its officers, directors, owners, employees, and/or agents. In the event of an accident or emergency, I would like the above-mentioned child to receive the appropriate emergency medical care, including hospital care if necessary, and I hold Gymnasts In Motion and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses that may be incurred by my child as a result of any injury sustained while participating at Gymnasts In Motion.*

I have read and understand the above Waiver and I VOLUNTARILY affix my name below in agreement.

_ Child's Name Age Date of Birth

_ Parent or Legal Guardian's Signature Date

_ Parent Name (Printed) Street Address

_ Phone Number City/State/Zip

****THIS FORM MUST BE COMPLETED BEFORE YOUR CHILD CAN PARTICIPATE****

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