

Party Waiver-Child

Assumption of risk Waiver of Liability Medical Authorization

Please circle one: Gymnastics Birthday Party Open Gym
Overnight Parent's Night Out

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Siblings Only

Name of Child's Parent(s): _____

Address: _____

Street

City

State + Zip Code

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Name

Phone Number

Consent to Participate

As the Parent or Legal Guardian of the Participant(s) named above, I hereby consent to their participation in the activities offered by B&B Gymnastics Center and use of its facilities. I, the minor's parent or legal guardian, understand the nature of the activities my child will be involved in at B&B Gymnastics Center, and the minor's experience and capabilities, and believe the minor to be qualified, in good health and in proper physical condition to participate in such activities.

Acknowledgement of Risk

I recognize, that potentially severe injuries, including permanent paralysis or death can occur in sports and activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading and fitness exercise. I UNDERSTAND AND ACCEPT ALL RISKS associated with my child(ren)'s participation in these activities.

Release and Covenant Not to Sue

Being fully aware of these dangers, I on my own behalf and the behalf of my child(ren) and our respective heirs, administrators, executor and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE B&B Gymnastics Center, its officers, directors, shareholders, administrators, employees, volunteers or agents

from all liability for nay and all damages or injuries suffered while under the instructions, supervision or control of B&B Gymnastics Center including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, administrators, employees, agents, volunteers, or other participants.

Indemnify for Possible Future Medical Expenses

In the event of an emergency I would like my above name child(ren) to be taken to a hospital for medical treatment by ambulance, which I agree to pay for and I hold B&B Gymnastics Center and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible medical expenses which may be incurred by me or my child(ren) as a result of any injury sustained while participating in, or in attendance at B&B Gymnastics Center

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

Parent/Legal Guardian Signature

Print Name

Date