



Classic Gymnastics  
Birthday Party Waiver

_____	_____	_____	_____
Child's Last Name	First Name	Birth Date	Age
_____	_____	_____	_____
Parent's Last Name	First Name	Phone	
_____	_____	_____	_____
Address	City State	Zip	

**Acknowledgment of Risk / Waiver of Liability**  
*Please read, sign, and bring this with you to the birthday party.*

I understand that my child will be participating in a birthday party at Classic Gymnastics on \_\_\_\_\_ . My child has no physical conditions that would limit his/her participation in gymnastics activities. I hereby give permission for my child to participate in activities at Classic Gymnastics, Inc., and to work on all of the necessary equipment. I am assuming all risks and hazards incidental to the conduct of this activity and transportation to and from Classic Gymnastics. In case of emergency, the Classic Gymnastics, Inc. staff has my permission to use their judgment with regard to treatment until I can be contacted. Moreover, I hereby authorize any qualified physician contacted to proceed with treatment. *Warning ... catastrophic injury, paralysis, or death can result from improper conduct of this activity. **No dresses, tights. Girls should wear leotards or soft shorts/T-shirts. Boys should wear soft shorts/T-shirts.***

_____	_____
<b>Signature of Parent/Guardian</b>	<b>Date</b>



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