Each party guest is required to fill out the below form prior to joining party activities.

GYM SPORT GYMNASTICS

# Birthday Partry Waver / Release Form

Childs Name:_____

Parent / Guardian: _____

Address:_____

City:_____Zip:_____

Phone #:_____

## Birthday Party Waiver

I, parent or guardian of the participant am aware of the risk of injury in gymnastics that is due to the nature of the activity. I hereby authorize the agent, officer or employee of GymSport Gymnastics to act for me according to his/her best judgment, in any emergency requiring medical attention, and hereby waive and release agents, officers and employees from any and all liability for any injuries, illness or loss of property incurred while participating in any program. In case of accident or illness my insurance company is the primary carrier.

X_____ Date:_____

Parent / Guardian signature




Join in on my Brithday Celebration Fun at:

GYM SPORT GYMNASTICS

**1468 Schofield Ave * Schofield, WI 54476 * Phone (715) 355-4967**
**Website: www.gym-sport.com * Email: info@gym-sport.com**

If you have any questions regarding the gymnastics birthday parties please call the front office and speak with our receptionist.

Please R.S.V.P.



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