

**Birthday Party Liability Release Form/Waiver of Legal Rights**

No Child will be allowed to participate until this form has been signed by the parent or legal guardian. Every child attending must provide this signed form.

I hereby certify that my child(ren), \_\_\_\_\_ has/have my permission to participate in the recreational activity, Gymnastics. I understand there is some risk of injury while participating in this program and I hereby release and hold harmless Gymnastics Etc., LLC for any injury my child(ren) may sustain as a result of his/her participation in gymnastics. I hereby agree that I am responsible for any and/or all hospitalization, medical emergency or other medical treatment costs as a result of such injury by providing him/her with proper medical coverage, or I personally assume responsibility for such costs. In case of emergency, I hereby grant the supervisor or other agent or employee of Gymnastics ETC., LLC the right to request medical attention for my child including calling emergency medical professionals.

Parent/Guardian Name: \_\_\_\_\_ (Please Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

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