

GENIE'S GYMNASTICS

Birthday Party Waiver

Please fill in the requested information and bring to the Party!

Child Name.....Parent Name.....

Address.....

City/State/Zip.....Phone.....

Like all sporting events, Gymnastics and tumbling carries with it inherent risk and hazards. I understand that it is the parent's responsibility to warn children about the dangers of gymnastics and to encourage them to follow all safety rules and instructions. Genie's Gymnastics, its instructors and other staff members, will not accept responsibility for injuries sustained by any student or family member during the course of a party. With this in mind, and being fully aware of the risks and possibility of injury involved, I, the undersigned, consent to have myself, my child or children or any other family member participate in the programs offered by Genie's Gymnastics. I, my executors or other representatives, waive and release all rights and claims for damages that I, any of my family members, or my child may have against Genie's Gymnastics and/or its representatives whether paid or volunteer.

Sign here:.....Date.....

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