

GYMTASTIC!

PLEASE BRING THIS PORTION WITH YOUR CHILD ON THE DAY OF THE PARTY.

Child's name _____ DOB _____

Child's name _____ DOB _____

Child's name _____ DOB _____

Date & Time of Party _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY AND AGREEMENT TO TERMS:

I understand that there may be some risk of injury associated with participation in gymnastics and sports; and I agree to waive any and all claims of liability and hold harmless GYMTASTIC! in the event that such an injury may occur to my child. I also understand that GYMTASTIC! cannot be held responsible for lost or stolen items.

Parent or Legal Guardian's Signature Date

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