



Birthday Party Waiver:

Child Name: _____ Age: _____

Parent Name: _____

Address: _____

Contact Phone Number: _____

Email: _____

- I, the undersigned, as the parent(s)/guardian of the athlete listed below, give permission to South Georgia Athletics to act on my behalf to contact available medical provider and hereby authorize the physicians and their associates of an appropriate medical facility to perform such diagnostic, medical and/or surgical treatment on my child as may be deemed necessary in order to assure the safety of my child(ren).
I fully understand that in case an ambulance is required; I am responsible for the cost. I also fully understand that cheerleading, tumbling, nerf and bounce house activities may be dangerous and my son/daughter will be exposed to risk of injury.*
- *I hereby, give my permission in the program and activities of South Georgia Athletics and release the business and instructors from any liabilities resulting from participation.*

Parent/Guardian Signature: _____

Date: _____