



You're Invited  
To a birthday party at  
**Flagstaff Gymnastics**

For \_\_\_\_\_  
Date \_\_\_\_\_  
Time \_\_\_\_\_  
RSVP \_\_\_\_\_

Please fill out the waiver below:

Child's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Parent(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Insurance Co \_\_\_\_\_  
Policy # \_\_\_\_\_

I, a legal guardian of \_\_\_\_\_, hereby consent to the aforementioned person participating in the Flagstaff Gymnastics program(s). I recognize that potentially severe injuries including permanent paralysis or death can occur in any activity including height and motion; including dance, gymnastics, and related activities including trampoline & tumbling. I understand that it is the express intent of Flagstaff Gymnastics, it's employees and coaches, to be free from all liability for any and all damages & injuries suffered by my child while under the instruction, supervision, or control of Flagstaff Gymnastics.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be sustained while at Flagstaff Gymnastics. The acknowledgement of risk waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

\_\_\_\_\_  
Parent or Guardian Signature