



Party Waiver

Host/Hostess Name: _____ _____	Birthday Child Name: _____ _____
Lead Parent/Guardian Name: _____ _____	Phone Number: _____ _____

PLEASE READ CAREFULLY:

By signing this document, you will waive certain legal rights including the right to bring forth legal action. I understand that gymnastics, trampoline and acrobatics fitness and similar activities involve inherent risks, dangers and hazards that are associated with unique movement patterns and skills, which may, in some circumstances be executed on specialised apparatus. I acknowledge that personal harm or injury may be sustained during my child's involvement in activity and I declare that I accept full responsibility for my child's safety. I understand clearly that by signing this waiver I acknowledge the potential risks involved and consent to my child's participation.

	CHILDS FULL NAME: <i>(Please Print Clearly)</i>	PARENT / GUARDIAN <i>Signature</i>	PHONE NUMBER: <i>Contact</i>
1.)			
2.)			
3.)			
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14.)			
15.)			
16.)			

TO BE FILLED OUT BY COACH

Coach:	Party Date:	Party Time:
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