



Gym Ventures Birthday Party Waiver Forms
(To Be Completed by Guests Returns Prior to Birthday Party)

Child Information Sheet

Child's Name _____ Gender _____ Age _____ DOB ____/____/____
Child's Name _____ Gender _____ Age _____ DOB ____/____/____

Address _____ City _____ State _____ Zip _____

Telephone () _____ - _____
Email _____

Medical Conditions or allergies to which we should be aware of:

Mom's Name _____
Dad's Name _____

Has anyone in your family previously been enrolled at Gym Ventures? If yes, approximate date/year _____

Assumption of Risk • Waiver of Liability • Photo Release • Medical Authorization

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, aerials, dance, cheerleading and fitness classes. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all *Gym Ventures, Inc.* programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my own or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors PROMISE NOT TO SUE and FOREVER RELEASE *Gym Ventures, Inc.* its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(rens) participation I hereby grant my permission for my child's likeness to be used in *Gym Ventures, Inc.* publicity and advertising.

In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold *Gym Ventures, Inc.* and its representative harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for *Gym Ventures, Inc.*

I have read and understand the ASSUMPTION OF RISK, WAIVER OF LIABILITY, PHOTOREALESE, MEDICAL AUTHORIZATION and REGISTRATION HANDBOOK and I VOLUNTARILY affix my name in agreement.

PARENT /LEGAL GUARDIAN'S

signature _____