

**PARTY Waiver Form**

Birthday girl/boy \_\_\_\_\_ Party Date: \_\_\_\_\_ Party Time \_\_\_\_\_

Guest's Name \_\_\_\_\_ Phone# \_\_\_\_\_ DOB \_\_\_\_\_

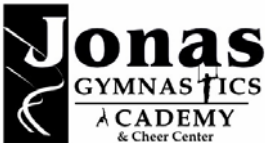
Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency# \_\_\_\_\_

- ❖ I realize that I am responsible for all medical expenses for my child(ren) that may be needed due to their participation at your facility, birthday party place (the Campbell's), and/or under your supervision.
- ❖ I understand that participation in gymnastics and related activities involves motion, rotation and height in a unique environment and as such carries with it the risk of injury. I am voluntarily allowing my child to participate in this activity with knowledge of the risks involved, and hereby agree to accept any and all inherent risks of property damage, personal injury or death. I hereby release Jonas Gymnastics Academy, Inc, its affiliates, agents, owners and employees from any liability for accidents while participating at Jonas Gymnastics.
- ❖ I hereby state that my child has no mental or physical conditions that prohibit full participation in gymnastics. I also agree to inform Jonas Gymnastics of any condition that Jonas Gymnastics Academy's staff should be aware of in dealing with the student during normal activities or in case of any emergency.
- ❖ All safety rules must be observed. No jewelry is to be worn and no food or gum will be consumed in the gym. Jonas Gymnastics will not be responsible for any personal items brought.

Print Parent/Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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