



Party Guest Waiver

Dear Parent:

Your child has been invited to a Party at All-Star Gymnastics Center. Parties include many fun activities such as obstacle courses, rope climbing, parachute, trampoline, relay races, games and more. Our instructors will provide a safe and enjoyable experience for all participants. Your child should wear comfortable "gym" clothing and socks.

In order for your child to participate you must complete and sign the release form below. Please return this form to the child who invited you at least one week prior to the party date. No adults are allowed in the gym during the party.

If you have any questions, please feel free to call our office at (978) 256-7766.

Sincerely,

Susan Jones
Office Manager

Child's Name: _____ DOB: _____ Age: _____

Home Address: _____

Home Tel #: _____ Email: _____

Parents' Names: _____ Contact Tel #: _____

Party Child's Name: _____ Party Date: _____

PARTY GUEST WAIVER AND RELEASE FORM

Assumption of Risk * Waiver of Liability * Medical Authorization

As legal guardian of _____, I hereby consent to the aforementioned person participating in All-Star Gymnastics Center Inc.'s programs. I recognize that potentially 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 and trampoline. I hereby give my consent for my child to participate in any and all All-Star Gymnastics Center, Inc.'s programs and activities and I ACCEPT ALL RISKS associated with this participation. In consideration for my or my child's participation, I hereby, for myself and my child and all our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE All-Star Gymnastics Center, 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.

In the event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold All-Star Gymnastics Center, Inc., and its representatives 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 as a result of any injury sustained while participating at or for All-Star Gymnastics Center, Inc.

I have read and understand this ASSUPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my signature in agreement.

PARENT/LEGAL GUARDIAN's Signature _____ Date _____