

WAIVER FOR GYMNASTICS PARTY

Name of child participant _____

Date of birth _____

Address _____

Name of adult participant/Parent _____

I (we) despite all reasonable precautions implemented for safety, and (are) fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death as well as other damages and losses associated with the participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby form myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owners, operators, employees and other members of World Class Gymnastics from personal injury, accident and/or illness of any sort or nature suffered by me (us, the undersigned, by reason of participation or membership in any programs or activities of World Class Gymnastics.

Parent or Participant Signature (if over 18)

Date

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