



A non-profit organization serving the community since 1974.

Birthday Party Waiver Form

We the staff of Gymnastics Olympica U.S.A recognize our obligation to make all participating and non-participating guests, aware of the risks and hazards associated with the sport of gymnastics, trampoline, & tumbling; and that these activities involve motion, height, or rotation of the body; They are also knowledgeable of the possible risk of injury that may be suffered while participating in the birthday activities, whether they be minor, serious, or catastrophic in nature.

As parents/guardians I/We agree and promise to hold harmless and indemnify Gymnastics Olympica U.S.A or it's employees with any connection with any claims for personal liability, property damage, etc.

As parents/ guardians, I/We fully understand that Gymnastics Olympica U.S.A Staff Members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Gymnastics Olympica U.S.A Gymnastics Staff to render first aid to my child/ren or myself in the event of and injury or illness. If deemed necessary the Gymnastics Olympica U.S.A Staff will seek medical help which includes; transportation by a Gymnastics Olympica U.S.A Staff Member, or it's representatives, whether it be paid or volunteered, to any health care facility or hospital, or calling emergency medical staff for the injured whether it be myself, or child/ren, should the Gymnastics Olympica U.S.A Staff deem this to be necessary.

I the undersigned parent/ guardian have read and understand the possible risks involved in participating in any of the birthday activities at Gymnastics Olympica U.S.A.; Furthermore I'm am not aware of any physical or mental impermanent in myself, or my child/ren, that would prevent any of us from participating in the birthday party activities

*****ENTIRE FORM MUST BE FILLED OUT IN ORDER FOR CHILD/REN TO PARTICIPATE.*****

Please Print Clearly

Parent/Guardian Name: _____ Do you have a child under the age of 3 attending? YES / NO

Name of Child/ren attending: _____ / _____ / _____

Birthday: _____ / _____ / _____ Allergies (if any): _____

Address _____ City: _____

Zip: _____ Home Phone Number: _____ Cell Phone Number: _____

Signature of Parent/Guardian: _____ Date: _____

Email:(If you wish to receive more information): _____ Birthday Attending: _____