

YOU'RE INVITED!

To A Stick It! Gymnastics Birthday Party!!

For:

Date:

Time:

Place: Stick It! Gymnastics, 550 Otis Drive, Dover, DE

RSVP:

***** Cut Here *****

WAIVER

I willingly agree to comply with the stated and customary terms, rules and conditions for participation.

I represent that I am the parent or legal guardian of the participant(s) named below, or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf.

I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at Stick It! Gymnastics, LLC.

I am aware that there are inherent risks associated with participation in any or all programs, parties, and/or use of the play area and gymnastic apparatus. I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants.

I, my heirs and assigns, next of kin, and all other acting on my behalf agree to waive any and all rights, claims, damages, actions, cause of action or suits of any kind or nature hereby release and hold harmless, Stick It! Gymnastics, LLC, and their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from , any and all liability, loss, damage, costs (including medical expenses and attorneys fees), claims and/or causes of action, including but not limited to all bodily injuries, arising out of the participation in the programs and activities referred to herein, including as a result of negligence.

I understand that the staff of Stick It! Gymnastics, LLC, are not physicians or medial practitioners of any kind. With that in mind I hereby release the authorization to render first aid to the participant(s) listed below in the event of any injury. If it is deemed necessary to call for an ambulance to be taken to the nearest hospital, I agree to pay.

By signing below I agree to the above conditions, should I decide to participate.

Participant Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Phone _____

Address _____ City _____ State _____ Zip _____

Emergency Contact Person: _____ Emergency Contact Phone#: _____