

Party- Permission To Participate

Guest's Name: _____ Date of Birth: _____ M / F _____

Parent's Name(s): _____ Home Phone Number: (_____) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Name & Phone Number: _____

Primary Family E-Mail Address: _____

Please Select E-Mail Interest(s): All Info & Events Program Information Friday Night Sports Birthday Parties

Special Programs/Events School Closure Events Member Discounts

Acknowledgment Of Risk and Waiver Of Liability

I hereby consent to the above person participating in programs offered by The Gymnastic Spectrum LLC. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics and movement education. I also realize that my child will be performing and training on all gymnastic events plus various other gymnastic training devices including trampoline. I certify that the above person is in good health and is medically fit to participate. I hereby agree for myself and my child, to individually provide for any possible future medical expenses which may be incurred by my child or me as a result of any injury sustained while training at or performing for The Gymnastic Spectrum LLC. In consideration for allowing my child to use its facilities, I for myself and my child, hereby forever release The Gymnastic Spectrum LLC, its members, agents, and employees from all liability for any and all damages and injuries suffered by my child or me. Furthermore, I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or injury occur in my absence. I will also allow The Gymnastic Spectrum LLC to use photographs of my child taken during gym activities for promotional purposes without compensation to myself or my child. This acknowledgement of risk and waiver of liability, having been read and understood completely, is signed voluntarily as to its content and intent.

PARENT'S SIGNATURE: _____ **Date:** _____
