



**Gymnastics Plus**  
 2730 Amherst Ave.  
 Manhattan, KS 66502  
 (785) 776-0400  
 www.gymnasticsplusmanhattan.com



Who \_\_\_\_\_ When \_\_\_\_\_ Time \_\_\_\_\_

**You have been invited to my birthday party at Gymnastics Plus! Your mom or dad needs to sign this so you can come to my party, but don't forget to bring this form! I can't wait to see you there!**



**Birthday Party Participation Waiver**

We, the staff of Gymnastics Plus, recognize our obligation to make our birthday party guests and their parents aware of the risks and hazards associated with the sport of gymnastics, trampoline, tumbling, cheerleading and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, trampoline, tumbling, cheerleading and dance can be dangerous and can lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instructions. Gymnastics Plus, its coaches and other staff members, will not accept responsibility for injuries sustained by any participant during the course of gymnastics, trampoline, tumbling, cheerleading, dance instruction, open workouts or in the case of any exhibition, competition, or clinic in which he or she may participate while traveling to or from the event. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have myself, my child or children participate in the programs offered by Gymnastics Plus. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Gymnastics Plus and/or its representatives whether paid or volunteer. I also affirm that I have now and will continue to provide proper hospitalization, health, and accident coverage which I consider adequate for both my child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate.

I fully understand that Gymnastics Plus staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Gymnastics Plus staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary the Gymnastics Plus staff to call our doctor and to seek medical help, including transportation by a Gymnastics Plus staff member or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should Gymnastics Plus deem this to be necessary.

Child's Name	
Address, City, State & Zip	
Phone Number	
Parent/Guardian Printed Name	
Parent/Guardian Signature	
Date Signed	

**This form is valid only for date of party.**