

# Birthday Party Release Form

My child has my permission to attend a Birthday Party at Stars Gymnastics. I confirm that my child is in good health and fully able to participate.

**By signing below, I understand that:**

- In the event of an emergency, I give my permission to Stars Gymnastics to make the decision to obtain medical care should I be unreachable at the number(s) listed below.
- I am fully aware that any activity involving motion or height creates the possibility of the serious injury or even death and that any athletic activity has certain unavoidable risks.
- I further agree to hold harmless Stars Gymnastics Training Center, LLC., its teachers, staff and school for any and all injuries resulting and expenses arising out of participation in the birthday party activities.
- I release and discharge any and all rights and claims against Stars Gymnastics Training Center, LLC., relating to my child's participation in this event.

Participant's Name: \_\_\_\_\_ & \_\_\_\_\_

Emergency Number: \_\_\_\_\_ Address: \_\_\_\_\_

Parents Name: **(PRINTED)** \_\_\_\_\_

\_\_\_\_\_  
Signature & Date

Email Address: \_\_\_\_\_

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