

First City's BIRTHDAY PARTY RELEASE FORM

Student's Name: _____ Gender ____ Age: ____ D.O.B.: __/__/__

Student's Name: _____ Gender ____ Age: ____ D.O.B.: __/__/__

I can be reached at _____. If, for any reason, I cannot be reached at this number, please call _____ at _____.

*Assumption Of Risk * Photo Release * Waiver of Liability * Medical Authorization*

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, cheerleading. I am also aware that participation in day camps involves transportation to and from field trips and such transportation could cause injury or death in a vehicular accident. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all First City Gymnastics programs and activities and I ACCEPT ALL RISKS associated with this participation. In consideration for myself or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, PROMISE NOT TO SUE and FOREVER RELEASE First City Gymnastics, Incorporated, its officers, directors, employees, contractors and volunteers from all Liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for myself or my child(ren)'s participation I hereby grant my permission for my child's likeness to be used in First City publicity or advertising. In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical treatment and I hold First City, and its representatives, harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participation at or for First City. I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and PHOTO RELEASE and MEDICAL AUTHORIZATION I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN'S SIGNATURE _____ DATE _____

PARENT/LEGAL GUARDIAN NAME (PRINTED) _____

.....Please Cut Here.....



First City's Birthday Party Guidelines

Please send your child to the party in non-restrictive, comfortable clothing with NO buttons, snaps or zippers. Your child must have socks for the inflatable.

We start gymnastics and other activities at the beginning of the party.

PLEASE BE ON TIME so your child doesn't miss out on all the party's fun!

Your child MUST be at LEAST 3 years of age to participate in the party. He/she must be able follow a gymnastics circuit and follow instructions.

4. We have an area available for parents that would like to observe the party. There are no parents allowed on the floor but you are welcome to watch from our observation area.

We are located at 65 East Olive Rd.

474-1068

