

**M & M GYMNASTICS BIRTHDAY WAIVER**

Guest Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email \_\_\_\_\_

I know that participation in gymnastics involves risk and possible injury. I understand that M & M and it's staff will assume no responsibility for injuries or medical expenses incurred by myself or my son/daughter. I or my child have no physical or psychological problems that would interfere with participation in this program.

Parent Signature: \_\_\_\_\_

Printed Parent Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Name of Birthday Child: \_\_\_\_\_

Date of party; \_\_\_\_\_

Has guest ever taken classes at M & M? Yes \_\_\_\_\_ No \_\_\_\_\_

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Date Signed: \_\_\_\_\_

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Date of party; \_\_\_\_\_

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Date of party; \_\_\_\_\_

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Has guest ever taken classes at M & M? Yes \_\_\_\_\_ No \_\_\_\_\_