

## All Stars Gymnastics, Cheer & Dance – Birthday Party Rules & Waiver

## ALL CHILDREN MUST HAVE A COMPLETED FORM TURNED IN TO ALL STARS STAFF BEFORE THEY WILL BE ALLOWED TO PARTICIPATE IN ANY ACTIVITIES! SAFETY FIRST - NO EXCEPTIONS!

Whose birthday party are you attending?	On what date is the party?
DRESS CODE	
For the safety of your child please be sure they are wearing flexible clothing. Please no jewelry, dresses or baggy/loose clothing. Long hair is best in a required for children.	
ADULTS' INFO All children ages 3 and under must be accompanied by a parent/guardian awear socks. Adults are not allowed on the equipment.	for the duration of the party. Adults must remove shoes and
PHOTO VIDEO RELEASE	
At times photographs and videos will be taken during classes, events, ope signing below, I agree that All Stars Gymnastics, Cheer & Dance, LLC, sl purposes any and all photographs and/or videos of participants taken at an	nall retain all rights to use for publicity and/or advertising
RELEASE OF LIABILITY	
As the legal parent or guardian, I release and hold harmless All Stars Gymany and all liability, claims, demands, and causes of action whatsoever, ar may be sustained by the participant and/or the undersigned, while in or up supervision of All Stars Gymnastics, Cheer & Dance, LLC, its owner and any open gym sessions/birthday parties attended at said facility.	ising out of or related to any loss, damage, or injury, that on the premises or any premises under the control and
ASSUMPTION OF RISK	
I recognize that severe injuries, including permanent paralysis or death caractivities including but not limited to gymnastics, tumbling, and trampolir for my child(ren) to participate in All Stars Gymnastics, Cheer & Dance, I and birthday parties, and I ACCEPT ALL RISKS associated with such participate.	ne. Being fully aware of these dangers, I hereby give conser LLC programs and activities, including open gym sessions
MEDICAL EMERGENCY	
The undersigned gives permission to All Stars Gymnastics, Cheer & Danc for the participant in the event they are not able to reach a parent or guard restrictions, or condition and/or declare the participant to be in good physical participant.	ian. I hereby declare any physical/mental problems,
PRINT Child's name	
FRINT CHIIU S HAITIE	
PRINT Parent/Legal Guardian name	

Date

SIGNATURE: Parent/Legal Guardian Signature