

My **child/ren** _____, have my permission to attend a **BirthDay Party** at Discover Gymnastics. I confirm that my child and I are in good health and fully able to participate.

In the event of emergency, I give my permission to Discover Gymnastics to make the decision to obtain medical care should I not be reachable at the phone number(s) listed below.

I am fully aware that any activity involving motion or height creates the possibility of serious injury or even death and that any athletic activity has certain unavoidable risks. I further agree to hold harmless Discover Gymnastics, its teachers, staff, and school for any and all injuries resulting/expenses arising out of participation in the gymnastic activities at Discover Gymnastics.

I release and discharge any and all rights and claims against Discover Gymnastics Inc.

Internet Release: I hereby give consent for my child's photo or likeness to be placed on the Discover Gymnastics website.

_____ (Initial here to decline internet release ONLY)

RULES/POLICIES

1. A waiver **MUST** be signed for child participation.
2. Parents are **NOT** allowed on the equipment, if choosing to do so understand that he/she is putting themselves at risk of injury.
3. Under **NO** circumstance is a parent allowed on the gym floor if they have consumed any alcohol.
4. Children 3 years old and younger should be accompanied by parent throughout the entirety of the party. A parent must be present and on the gym floor if their child is under the age of 6.
5. Absolutely **NO** food or drink is allowed on the gym floor.
6. No flash photography permitted.
7. Party guests must follow the express instructions of the staff and rules of the facility in order to attend the party.

Parent Name: _____

Phone Number:(_____) _____ - _____

Email Address: _____
(by providing your email address, you agree to receive periodic emails sent by Discover Gymnastics)

Parent Signature: _____

Date: _____

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