**GYMSTARZ, LLC**

**BIRTHDAY PARTY WAIVER OF LIABILITY**

CHILDS NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_\_\_\_\_\_\_\_\_M/F

CHILDS NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_\_\_\_\_\_\_\_\_M/F

CHILDS NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_\_\_\_\_\_\_\_\_M/F

MOTHERS NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FATHER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY/STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIPCODE\_\_\_\_\_\_\_\_\_\_

HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any physical and/or social conditions that may affect your child while in the gym, or that might be essential in the event of emergency attention being required (significant past injuries, allergies, fears, etc.)

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**\*LIST ADDITIONAL CHILDREN ON BACK OF PAPER, PLEASE INCLUDE NAME, D.O.B., & SPECIAL NEEDS\***

I acknowledge that my child does not have any Medical Condition that prevents him/her from engaging in gymnastics. The person(s) described above have permission to engage in all prescribed activities. In lieu of medical certificate signed by a medical doctor, I have no knowledge of any or mental impairment that would affect my child’s participation in Gym Starz’ birthday Party/Open Gym program.

Gymnastics requires substantial amounts of energy and difficult body movements. Any student with health concerns or questions regarding his or her ability should contact a physician prior to enrolling. I hereby give permission for my child(ren) to participate in gymnastics. My child(ren) and I are aware that gymnastics is potentially hazardous activity, which involves motion, rotation, and height. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or fall on the back, neck or head. I understand that all medical expenses which are incurred are the responsibility of the student or student’s family. All risk to my child(ren) are known and understood by me.

In consideration of GymStarz accepting myself or my child into participation in gymnastics, which activity I hereby acknowledge involves greater that normal risk of injury, I agree for myself or as my child’s parent/guardian to assume responsibility for all risk, cost, or losses sustained by me, my child or my child’s family in connection with participation in gymnastics, tumbling, birthday parties, events, camps, open gyms, or any other activities connect with GymStarz. I give my permission to GymStarz and/or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures are judged necessary for the care and protection of myself or my child while under the supervision of GymStarz Staff. In case of an emergency, I understand that I or my child will be transported to an appropriate medical facility by the local emergency unit for treatment in the local emergency resources deem it necessary. Transportation will be at my own expense. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parent, physician and or other acting on behalf of the parent or family can be reached. Further, I hereby release and agree to hold harmless and to indemnify GymStarz employees, owners, or volunteers form any claims, losses or expenses incurred or on the behalf of me, my child, or my child’s family. Speaking for myself, or as a legal guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for participating or for permitting my child to participate in activities at GymStarz.

**MEDICAL AUTHORIZATION**

The undersigned, for himself or herself as a parent or guardian of any such children and any personal representatives, heirs, and next of kin, hereby authorize GymStarz to transport my child and/ or ward to a doctor, hospital, or other health care facility and to act in my place to obtain medical or hospital treatment, in unable to reach parent or guardian.

**USE OF IMAGES/NAME IDENTIFICATION**

The undersigned authorizes GymStarz to use images of my child(ren) without name identification, for GymStarz publicity, promotional and advertising purposes and I hereby release any and all claims and/or rights I and/or ward might have as a result.

**ACKNOWLEDGEMENT OF RULES AND POLICIES**

The undersigned acknowledges that GymStarz has rules and policies in place regarding the safety, registration, tuition payment, use of facilities, conduct and others. The undersigned has reviewed and understands the rules and policies currently in place. The undersigned understands that failure to follow rule/policies may result in revocation of all entitlements and privileges without refund of prepaid fees, at GymStarz absolute discretion. THE UNDERSIGNED IS OF LEGAL AGE, HAS READ AND VOLUNTARILY SIGNS THE REGISTRAION NAD WAIVER OF LIABILITY FORM, AND FUTHER AGREES TO ADHERE AND BE BOUND BY THESE POLICIES. IUNDERSTAND THAT TUITION AND FEES ARE NON-REFUNDABLE.

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SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN OF MINOR DATE