



109 SMOKEHILL LANE, SUITE 150, WOODSTOCK, GA 30188

# BIRTHDAY PARTY

DATE \_\_\_\_\_

## WAIVER OF LIABILITY

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_

understand that the participant would not be permitted to participate in the Birthday Party activities unless the Waiver of Liability is signed prior to the event's starting time.

I further understand and acknowledge that participation in gymnastics, cheerleading, trampoline, and tumbling, and other related activities can be hazardous. I realize that no one should enter into these activities unless the participant is medically able. I agree to communicate with the North Metro Gymnastics Center staff about special accommodations where needed, administration of emergency medications, and about food restrictions and allergies of the program participant.

I/we assume all risk associated with the above mentioned activities including, but not limited to: falls, contact with other participants or equipment, effects of weather, equipment failure, and condition of play area. I fully understand that it is my responsibility to ascertain if this particular activity contains other elements of risk that could be harmful to the participant.

Having read this waiver and in consideration of acceptance of entry into our program, I and anyone entitled to act on my behalf waive and release North Metro Gymnastics Center and it's officers from all claims and liabilities of any kind arising out of my participation or my child's participation in this activity.

This waiver will be governed by and construed in accordance with the laws of the State of Georgia, and regulations set in place by USA Gymnastics and U.S. Center for SafeSport.

NAME OF GUARDIAN (Please Print) : \_\_\_\_\_

PARENT OR LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

