

Birthday Party Waiver Release Form

Participant Name : _____ Birthday : ____ / ____ / ____

Address _____ City _____ ST _____ Zip _____

Email: _____

Parent / Guardian Name (if Participant is under age of 18) _____

RISK : I acknowledge that participation at Rigert Elite Gymnastics entails known and unknown risk that could result in physical or emotional injury, financial distress, broken bones, paralysis, or death.

RELEASE : I hereby agree that myself or my child, adopted or otherwise, my heir or executors, waive and release all rights and claims that I may have at any time against Rigert Elite Gymnastics or its representatives, whether paid or volunteer, for any injury or damages in connection with the activities offered at Rigert Elite Gymnastics.

AGREEMENT TO PARTICIPATE : I understand the risk of injury from other participants and various matting and obstacles in the gym. If me or my child/ward is injured, me or my child/ward may require medical assistance, at my own expense. I expressly agree and promise to accept all risk existing in this activity. My participation or my child/ward participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

Signature : _____ Date : ____ / ____ / ____

Circle one: Participant Parent / Guardian (if Participant is under age of 18)

Please note: Parents will not be allowed on the gym floor or equipment during the event.

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