

Parent/Guardian Waiver and Release

Dear Parents:

We are pleased that your child has been invited to a birthday party at Tumble bear Gym. Our facility is an exciting place for a child to have FUN. All of our parties are structured under the supervision of one or more of our staff members.

Before your child attends the party, you must fill out the information below, and return it to the party host.

Attire:

All participants should wear clothing suitable for gymnastics activity: leotard, shorts/T-shirt, no socks or shoes. Please, no belts, jewelry, buckles or dresses.

THIS FORM MUST BE SIGNED OR YOUR CHILD WILL NOT BE ABLE TO PARTICIPATE!

ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL AUTHORIZATION

As legal guardian of , hereafter, child(ren) I recognize what potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling & trampoline, dance, cheerleading, birthday parties, special events & activities including inflatables, camps and any and all other programs offered at Tumble Bear Gym, LLC. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Tumble Bear Gym, LLC. programs and activities and **I ACCEPT ALL RISKS** associated with that participation. In consideration for allowing my child(ren) to use these facilities, I, on my behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE Tumble Bear Gym, LLC.** its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of Tumble Bear Gym, LLC including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents. By your attendance in class, you are granting your permission for you and your child to be filmed, videotaped, audio taped ,or photographed by a means and are granting full use of your likeness, voice, and words without compensation. In the event of an emergency I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold Chrissy Schechter and/or Tumble Bear Gym, LLC. and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for Tumble Bear Gym, LLC .If your child requires an inhaler, I understand I am required to stay with him/her or get a doctor's release. By your attending this event, you are granting your permission for you and your child to be filmed, video taped, audiotaped or photographed by any means and are granting full use of your likeliness, voice and words without compensation

I have read and understood this **ASSUMPTION OF RISK, WAIVER OF LIABILITY** and **MEDICAL AUTHORIZATION.** I **VOLUNTARILY** affix my name in agreement.

Signature: _____ Date: _____
PARENT/LEGAL GUARDIANS

Print Parent/Legal guardian's name _____

Above Signature and Date must be signed at Tumble Bear Gym

Child's Name _____ Male / Female _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Medical conditions or allergies we should be aware of? _____

Parent Phone Number _____ Cell Phone Number _____

Alternate Emergency Contact Person _____ Phone _____