

You're Invited!
to a **GYMCATS** birthday party

Place
Stamp
Here



As legal guardian of the above child, I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampolining, dance, martial arts and cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned child participating in any and all of GYMCATS' programs and activities and accept all risks associated with that participation. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instruction. In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child, hereby assume all risks associated with the activities mentioned above and agree to hold GYMCATS, its staff or representatives harmless from any and all liability, causes of action, debts, claims or demands of any nature whatsoever which may arise in connection with participation in these activities. I hereby release GYMCATS' staff or representatives to render temporary first aid to my child or children in the event of any injury or illness and if deemed necessary by GYMCATS' staff or representatives to seek medical help, including transportation to any health care facility or hospital, or the calling of an ambulance for the said child should GYMCATS' staff or representatives deem this to be necessary. 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 GYMCATS. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I have read and understand this acknowledgement of risk, waiver of liability and medical authorization and I voluntarily affirm my name in agreement.

Parent/Legal Guardian Signature: _____ Date: _____

Participant Name: _____ Date of Birth: _____ Please print

Phone: _____ Email: _____

I have read and understand the preceding release form and acknowledge the risk involved and I voluntarily affirm my name in agreement.



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Party for: _____ Date: _____ RSPV By: _____ Phone #: _____

A COMPLETED WAIVER IS REQUIRED TO PARTICIPATE AT GYMCATS

Please arrive 15 minutes early for the party so we can begin the party on time!!! Wear comfortable clothing, no shoes or socks.

Please bring the completed waiver with you. We cannot allow participation without a signed waiver.

GYMCATS
440 South Parkson
Henderson, NV 89011
(702) 566-1414 www.gymcats.com

Fill out ←