

Rose's Gymnastics Training Center
1802 Old Fire Tower Road
Greenville, NC 27858
252-321-7264

Birthday Party Waiver Form

Birthday Child's Name: _____

Date & Time of Party: _____

GUEST'S NAME: _____

ADDRESS: _____

PHONE: _____ **GRADE:** _____ **AGE:** _____

PARENTS' NAMES: _____

EMERGENCY PHONE # IF DIFFERENT FROM ABOVE: _____

OFFICIAL WAIVER

PERMISSION TO PARTICIPATE:

I, _____, the parent or guardian appreciate the risks inherent in participating in any physical activity such as gymnastics. I am willing to assume this risk and all aspects of this risk and so hereby give my consent for _____ to participate in a gymnastics birthday activity at Rose's Gymnastics Training Center in Greenville, NC. I agree that Rose's Gymnastics Training Center, Inc., along with its employees, agents, officers, and directors shall not be liable for any losses or damages occurring as a result of my child's participation in the gymnastics activities at Rose's Gymnastics that are associated with the birthday party listed above.

Date: _____

Parent/Guardian's Signature _____

THIS FORM MUST BE COMPLETED PRIOR TO PARTICIPATION IN THE GYM. NO FORM, NO PLAY.