



Birthday Party For: _____ Date: _____

Time: Begin _____ End _____ At IGM Gymnastics, 14305 Southcross Drive W, #120, Burnsville
www.igmgymnastics.com 952-898-3889

PLEASE R.S.V.P. At _____

Important Note: Due to a strict insurance policy every party guest must have this waiver signed by a parent and brought to the party. **Children without a waiver unfortunately will not be able to participate in the gym activities.** Any child under the age of 4 must be accompanied by a parent. If your child requires an inhaler, you are required to stay with him/her or get a doctor's release.

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 and parties. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all IGM Gymnastics, Inc. programs and activities and I **ACCEPT ALL RISKS** associated with that participation.

In consideration for allowing me and my child(ren) to use these facilities, I, on my behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby **CONVENANT NOT TO SUE** and **FOREVER RELEASE** IGM Gymnastics, Inc., 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 IGM Gymnastics, Inc. including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

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 IGM Gymnastics, Inc. 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 me or my child(ren) as a result of any injury sustained while participating at or for IGM Gymnastics, Inc.

By your attending this birthday party, you are granting your permission for you and your child(ren) to be filmed, videotaped, audio taped or photographed by any means and are granting full use of your likeness, voice and words without compensation.

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

Child's Name _____ Date of Birth _____

PARENT/LEGAL GUARDIAN (Please Print Name) _____

Address _____ Email _____

City _____ State _____ ZIP CODE: _____

Parent Phone Number _____ Cell Number _____

Medical conditions or allergies we should be aware of _____

Alternate Emergency Contact Person _____ Phone Number: _____

Parent/Legal Guardian Signature: _____ **Date:** _____