

Birthday Party Waiver

Name of Party Family _____ Date of Party _____ Time of Party _____

***I have read the waiver below and give my child permission to participate**

I give permission for my child to participate in a birthday party at the Ocean State School of Gymnastics Center. I understand that gymnastics and swimming can be dangerous. I accept that any activity involving motion or height can cause serious, or catastrophic injury. The participant listed has had a medical examination within the last twelve months and is physically, mentally and emotionally capable of participating in athletic activities. Participants are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury while my child is at OSSG. In the event of injury or illness, every effort will be made to contact the parents or guardian. If necessary, I authorize the staff at OSSG to administer first aid or authorize medical treatment. I understand that photographs or videos of my child may be used for advertising purposes. Children under the age of 3 who are included as paid for attendees, must have one adult with them. Only one adult is allowed per child, and no other adults are allowed in the gym.

Name of Child _____ DOB _____ Age _____ Email _____
Parent Name _____ Relationship to Child _____ Address _____
Emergency Phone Number _____ Signature _____

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