



You're Invited to a Party for:



Date: _____ Time: _____

RSVP: _____ By: _____

Please Complete & Return This Participation Waiver!

Guest's Name: _____ DOB: _____ Phone #: _____

Address: _____ City: _____ State: _____

Zip: _____ E-mail _____

As a Condition to participation in any programs at "The" Gymnastics and Cheerleading Academy, I hereby release and forever discharge "The" Gymnastics and Cheerleading Academy, any of its employees, or any individuals acting on its behalf, and connected with this program in which I or my child (ren) may participate, from any and all claims, demands, or losses of every kind and nature which may result to my child(ren), myself, or my heirs. I recognize and acknowledge all risks involved in the participation in the above program including all equipment in the gym facility, inflatable moon bounce, and any additional equipment used for birthday party activities, assuming all risks inherent in the participation in the same. I also understand that absolutely no one under the age of 4 years old or over the age of 12 may participate in birthday party activities or use any equipment in the gym. I have read, understand and agree to adhere to the policies of "The" Gymnastics and Cheerleading Academy.

Parent's Signature:

Date:

Parent's Name (Please print):

**The Gymnastics & Cheerleading Academy, 5 Larwin road Cherry Hill NJ, 08034, (856) 795-4599,
www.TheGCAcademy**
