



You're Invited to a Party For



Please Complete & Return This Participation Waiver

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

Address: _____ City: _____ State: _____

Zip: _____ Email: _____

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 in 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/Guardian Signature: _____

Parent/Guardian Name (Printed): _____

The Gymnastics & Cheerleading Academy, 5 Larwin Rd, Cherry Hill NJ, 08034, (856) 795-4599