

## You're Invited to a Party For



## at The GCA

## Please Complete & Return This Participation Waiver

Guest's Name:		D	DOB:	
Address:	City:	State:	Zip:	
Phone #:	Email:			
Cheerleading Academy, any of its employe from any and all claims, demands, or losses involved in the participation in the above pr birthday party activities, assuming all risks in	rams at "The" Gymnastics & Cheerleading Academ rs or any individuals acting on its behalf, and conne of every kind and nature which may result in my chrogram including all equipment in the gym facility, inherent in the participation in the same. I also under thday party activities or use any of the equipment in of "The" Gymnastics and Cheerleading	cted with this program in which I nild(ren), myself, or my heirs. I re inflatable moon bounce, and any estand that absolutely no one under the gym. I have read, understand	or my child(ren) may partic cognize and acknowledge al additional equipment used for the age of 4 years old or or	ipate, I risks or the ver the
Parent/Guardian Signature:		Date:		
Parent/Guardian Name (Printed):				

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