

BIRTHDAY PARTY WAIVER AND RELEASE FORM

Parent/Guardian Name _____ Phone Number _____

Child's Full Name _____ Address _____ City/Zip _____

I fully understand that **Airborne Gymnastics Training Center (AGTC)** staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the (AGTC) staff to render temporary first aid to my child or children in the event of any injury or illness and if deemed necessary by the (AGTC) staff to call our doctor and to seek medical help, including transportation by a (AGTC) staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the (AGTC) staff deem this to be necessary.

*Parent/Guardian Name (Signature) _____ Date ____/____/____

We, the staff of (AGTC) recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Tumbling and Cheerleading can be dangerous and can lead to injury. Parents should make their children aware of the possibility and encourage their children to follow all the safety rules and the coaches' instructions.

Airborne Gymnastics Training Center (AGTC), its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, cheerleading or dance instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by (AGTC). I, my executor or other representatives, waive and release all rights and claims for damages that I or my child may have against the (AGTC) and/or its representatives whether paid or volunteer.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection.

I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. (AGTC) will only warn the child through "Safety Messages" and our teaching style and progressions.

*Parent/Guardian Name (Signature) _____ Date ____/____/____

We are located at **1515 Walsh Ave Santa Clara, CA 95050** For directions, visit our website at www.airborne-gymnastics.com or contact our office at **(408) 986-8226**.