

BALANCE INSTITUTE OF GYMNASTICS BIRTHDAY WAIVER FORM

Child's Name	
Parent's Name	
Address, City, Zip	
Home Phone	
Cellular phone	
E-mail address	
Birthdate	[Male or Female]

Parental Release, Waiver and Assumption of Risk

I, _____, do hereby give my consent for my child,
_____, to participate in gymnastics classes at Balance Institute of
Gymnastics, LLC.

I am fully aware that gymnastics presents a risk of injury during training. I am fully aware of and appreciate the risk and damages that might occur as a result of my child's participation in our attendance at gymnastics class.

Nonetheless, I, on my own behalf and on behalf of my child and our heirs, administrators and executors, do hereby release, indemnify and agree to hold harmless Balance Institute of Gymnastics, LLC. and all persons or entities associated with Balance Institute of Gymnastics, LLC. from any responsibility or liability for any and all claims, demands, damages, costs, causes of action and expenses (including, without limitation, reasonable attorney's fees) arising out of or resulting from my child's participation in or involvement with gymnastics classes, including, without limitation, any personal injury, disability or property damages incurred or sustained by me or my child during or as a result of gymnastics class. I understand that the participants family medical insurance policy must cover any medical costs incurred in case of an accident.

I do hereby verify that I fully understand and accept the preceding conditions for permitting my child to participate in gymnastics classes.

Signed: _____ **Date:** _____

Emergency Contact & phone number: _____