



Name: _____

Event &
Date: _____

(Name of child for birthday party)

Event Participation Waiver

Participant Name: _____ (M / F) Age _____ DOB: _____ / _____ / _____
First Middle Last mm dd yyyy

Participant Name: _____ (M / F) Age _____ DOB: _____ / _____ / _____
First Middle Last mm dd yyyy

Participant Name: _____ (M / F) Age _____ DOB: _____ / _____ / _____
First Middle Last mm dd yyyy

Parent/Guardian Name: _____

Phone Number(s): HOME _____ CELL _____ WORK _____

Home Address: _____

E-mail Address(es): _____

Emergency Contacts – Who should we call in case of an emergency? (Parent/Guardian listed above will be called first.)

Emergency Contact Name: _____ Relationship: _____

Phone Number(s): HOME _____ CELL _____ WORK _____

Describe any conditions relevant to gymnastics program activities and how they are being managed (e.g., asthma, environmental or food allergies, disabilities, previous injuries, ADD, ADHD etc.). All information will be held in confidence, and will only be shared with ATBGA staff.

*Above the Bar Gymnastics Academy is a licensing-exempted gymnastics skills program.
We are not a State licensed child care program or facility.*

CONSENT TO PARTICIPATION

I, the minor's parent/legal guardian or participant age 18 yrs or older, understand the nature of the above referenced program and the minor's experience and capabilities and believe the minor to be qualified to participate in such Program. I hereby release, discharge, covenant not to sue and agree to indemnify and save and hold harmless the Above the Bar Gymnastics Academy, LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Program takes place from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releases, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Printed Name of Parent/Legal Guardian or Participant if 18 yrs or older

Signature

Date: _____ / _____ / _____
mm dd yyyy

CONSENT TO EMERGENCY CARE

I, the minor's parent/legal guardian or participant age 18 yrs or older, authorize Above the Bar Gymnastics Academy and its representatives and agents to take me/my child to a medical facility, if necessary, in the event of an emergency when I am unresponsive or cannot be reached. I give the medical facility permission to perform services they deem absolutely necessary.

Printed Name of Parent/Legal Guardian

Signature

Date: _____ / _____ / _____
mm dd yyyy