



**Above the Bar**  
**Gymnastics Academy**  
 &  
**ATB Athletics**  
*Building Champions in Life!*

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): Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Emergency Contacts** – Who should we call in case of an emergency if Parent/Guardian cannot be reached?

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): Cell \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

**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 (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) 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 Releasees, 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 \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 or participant if 18 yrs and older 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