

**Solid Rock Gymnastics Birthday Party - Medical / Liability Waiver**

I, **(parents name)** \_\_\_\_\_, do understand and accept the conditions of the medical and liability release below and allow **my child**, \_\_\_\_\_ to participate in the gymnastics party for \_\_\_\_\_ (birthday child).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone# \_\_\_\_\_

We, the staff of Solid Rock Gymnastics Inc. recognize our obligation to make sure Birthday party hosts, participants and parents are aware of the risks and hazards involved in the sport of gymnastics, tumbling, and trampoline. Participants, parents and attending visitors may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, tumbling and trampoline can be dangerous and lead to injury. Party participants, their parents and host should be aware of the possibility of injury and encourage participants and visitors to follow all safety rules and supervisors instructions. With the above in mind, and being fully aware of the risks inherent in the sport of gymnastics, tumbling and trampoline, all of which will be involved in this party event, by signing below, I release Solid Rock Gymnastics, Inc., all employees including party supervisor, and John and Danelle Catlett from all claims on account of any injury which may be sustain by party participants, parents and visitors while attending this party.

Medical: I understand that the party supervisor is not a medical practitioner of any kind. With this in mind, I hereby authorize by signing below, the party supervisor to render temporary first aid to me or my child in the event of an injury or illness, and if deemed necessary, to call a physician and to seek medical help including transportation by a Solid Rock Gymnastics, Inc., staff member or it's representative, whether paid or volunteer, to and health care facility or hospital, or the calling of an emergency vehicle/ ambulance for said child should the party supervisor deem necessary.

Insurance: By signing, I affirm that I now have proper primary medical, health, hospitalization and accident insurance, which I consider adequate for participants' protection. I believe the participants to be qualified, in good health and proper physical condition to participate in all activities.

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