

Birthday Party Release Form

1. Waiver Release: I am fully aware of and appreciate the risks of physical injury associated with participation in gymnastics, I further agree that, GSA inc. agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in any of these programs.

2. Assumption of Risk : Participation in Gymnastics, and other GSA activities involves motion, rotation, height, and other risks specific in each sport, in a unique environment and as such carries with it a reasonable assumption of risk. Warning Catastrophic injuries, paralysis, or even death can result from improper conduct of the activity. Dress appropriately, follow accepted warm up practices, and be mentally prepared to engage in activity.

3. Supervision: I hereby place myself under the supervision of the GSA fitness Center inc. I will not participate in any activity without competent supervision.

4. I have read the above policy letter and release regarding any and all classes at GSA. I agree to follow all rules and understand that there is an assumption of risk involved with participation in the sport of gymnastics. I agree not to hold GSA, it officers, agents, instructors responsible for any damages, injuries, permanent disabilities, or even death which may occur with my association to GSA. I will give proper notice of any injury that may limit to participation any class at GSA. I understand and give permission for medical treatment to be initiated by GSA.

Parent Signature _____ **Date** _____