IK Gymnastics BIRTHDAY PARTY

Waiver

Birthday Party For:		
<u>WAIVER</u>		
As legal guardian of	ted to gymnastics. Being the in any and all IK Gration. In consideration of the following for the foll	ng fully aware of these dangers, lymnastics party activities and I on for allowing my child to use OT TO SUE and FOREVER d/or agents. ned child to receive the ry, and I hold IK Gymnastics and ly, I hereby agree to individually my child as a result of any
Child's Name	Age	Date of Birth
Parent or Legal Guardian's Signature		Date
Parent Name (Printed)	Street Address	
Phone Number	City/State/Zip	0

THIS FORM MUST BE COMPLETED BEFORE YOUR CHILD CAN PARTICIPATE