

1920 S. Carboy Rd. Mount Prospect, IL 60056 Phone: 312-687-6685 Email: pgcgym1920gmail.com Web Site: www.pgcgymnastics.com

Gymnastics Birthday Party

Waiver Form

Open Gym For:_____

WAIVER FORM		
As legal guardian of recognize that potentially sev death can occur in sports or a not limited to gymnastics. Bei consent for my child to partici and I ACCEPT ALL RISKS asso allowing my child to use these child agree <u>NOT TO SUE</u> and <u>E</u> its officers, directors, owners, In the event of an accident or to receive the appropriate emergency medic hold PGC and its representation Additionally, I hereby agree to expenses that may be incurred while participating at Profession	ctivities involving height or ng fully aware of these dang pate in any and all PGC Birt ciated with that participation facilities, I, on my own beh <u>OREVER RELEASE</u> Profession employees, and/or agents. emergency, I would like the al care, including hospital car yes harmless in their execut o individually provide for all d by my child as a result of a	motion, including but gers, I voluntarily give hday Party activities on. In consideration for half and the behalf of my onal Gymnastics Center, e above-mentioned child are if necessary, and I tion of this action. possible future medical any injury sustained
I have read and understand the above Waiver and I VOLUNTARILY affix my name below in agreement.		
Child's Name	Age	Date of Birth

Parent or Legal Guardian's Signature

Parent Name (Printed)

Street Address

Date

Phone Number

City/State/Zip