



## BIRTHDAY PARTY WAIVER FORM

Participant's name

Parent's Name (participant(s) are under 18 years)

Emergency Contact

**RISK:** I acknowledge that participation at Element's Gymnastics Academy entails known and unknown risk that could result in Physical or Emotional injury, Broken bones, Paralysis, or Death.

**RELEASE:** I hereby agree that myself or my children and other Guest's and their children, waive and release all rights and claims that I may have at any time against Elements Gymnastic Academy or its representatives, whether paid or volunteer, for any damages in connection with the activities offered at Elements Gymnastics Academy.

**AGREEMENT TO PARTICIPATE:** I understand that participation includes the use of trampolines and a variety of other equipment that involve a wide range of height and movement for the participant. I further understand the risk of injury from other participants and various matting and obstacles in the gym. If you or your child/ward is injured, you or your child/ward may require Medical Assistance, at your own expense. I expressly agree and promise to accept all risk existing in this activity. My participation or my child/ward participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

Signature/Date (Parent/Guardian if under 18 yrs)