



EXCEL GYMNAST BIRTHDAY WAIVER FORM

PARTY DATE REQUESTED: _____ **Invoice number:** _____

TIME REQUESTED: _____ (Saturday Times available: 4-5:30pm –&- 6-7:30pm)

Birthday Child's Name: _____ Male Female Child's DOB: _____

I hereby authorize the Excel Gymnastics Staff to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release Excel Gymnastics from any and all liability for any injuries or illness incurred while at Excel Gymnastics'. I understand that participation of a birthday party at Excel Gymnastics' will involve gymnastics activities that include motion, rotation, and height in unique environment and as such carries with it the risk of injury. Excel Gymnastics is not responsible for personal time's that are lost, stolen or damaged. All medical expenses incurred will be the responsibility of the participant or the participant's family. In lieu of medical certificate signed by a medical doctor, I have no knowledge of any physical or mental impairment that would be affected by the named child's participation in the birthday party, as outlined in the brochure, which I have read. I also understand that Excel Gymnastics retains the right to use any photographs, video tapes, motion picture recordings, or any other record of this event for publicity, advertising, or any legitimate purpose. For parents, kids and the coach's safety, please no jeans, button shorts, or jewelry on gym floor.

Important Medical Conditions/Allergies: _____

Signature of Parent or Guardian: _____ **Date:** _____

Print Name of Parent or Guardian: _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Phone #: _____ **Email:** _____
(Print)

PARTY RESERVATIONS

Birthday Child's Age to be: _____ **Expected # of guests:** _____

1-10 children: \$150.00 to be paid in full to schedule birthday party (non-Refundable within 7 days of event)

Extra children: _____ X's \$5 = _____

PLEASE HAVE CASH OR CHECK AVAILABLE TO PAY FOR ADDITIONAL CHILDREN ON DAY OF PARTY UNLESS PAID IN ADVANCE.

Rec'd by: _____ (employee)

Date: _____