



24207 US – 6 Unit A. Rifle CO 81650 - Phone: (970)-319-1044 - Email: info@cgaco.org

<https://columbinegymnastics.com/>

BIRTHDAY PARTY WAIVER

Parent or Guardian Name: _____

Participating Student(s): _____

Age of Student(s): _____

Address: _____

Email Address: _____

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Secondary Phone Number: _____

Rules, Terms and Conditions

What to wear – Boys and girls may wear tucked in t-shirts and shorts or Leotards. NO chewing gum or dangling jewelry is permitted in the gym. Please leave jewelry articles at home; as CGA staff will not be responsible for ANY items that may be lost or stolen. Please have hair pulled neatly and securely away from the face so that it stays up for the all gym time. NO hair bows or other large hair ornaments that may cause discomfort during activities.

Waiver

As legal guardian of my designated birthday party participant(s), I hereby consent to the above listed child/children participating in this facility's program(s). I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including cheerleading, tumble tramp/air tramp, stunting. Pyramids, dance, gymnastics, ninja warrior obstacle courses and all apparatus and equipment use and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my child/children and, in consideration for allowing my child/children to use these facilities, I hereby COVEANT NOT TO SUE AND FOREVER RELEASE this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facilities program(s), from all liability and for any and all damages and injuries suffered by my child/children during instruction, supervision, free play, and/or control during any and all classes birthday parties or extra activities.

Parent or Guardian Name (Please print): _____

Signature: _____ Date: _____