

**NEW ENGLAND GYMNASTICS TRAINING CENTER, L.L.C.
BIRTHDAY PARTY WAIVER**

ATHLETIC CLOTHING ONLY-NO BLUE JEANS, BUCKLES OR ZIPPERS !

EACH CHILD ATTENDING THE PARTY MUST FILL OUT AND SIGN THIS FORM AND RETURN IT TO NEGTC ON OR BEFORE THE DATE OF THE PARTY. NO OTHER FORM WILL BE ACCEPTED BY NEGTC. IF YOU DO NOT FILL OUT AND SIGN THIS FORM, YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE IN THE PARTY AND BE ON THE EQUIPMENT AND FLOOR. NO EXCEPTIONS!!!

Date of Party: _____ Time of Party: _____

Have you previously attended a birthday party at NEGTC? Y / N

CHILDREN ATTENDING PARTY, PLEASE FILL OUT INFORMATION BELOW

Child's Name: _____ DOB _____ Age _____ Home Phone _____

Parent's Name: Mother _____ Cell Phone _____

Address:

Street	City	State	Zip
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MEDICAL: Are there any medical conditions/allergies to which we should be alerted: _____

Acknowledgement of Risk and Waiver of Liability Please Read Before Signing!

I recognize that potentially severe injuries, including, but not limited to, permanent paralysis or death can occur in sports or activities involving height or motion, including, but not limited to, gymnastics, tumbling, fitness, trampoline, cheerleading, ball sports and swimming. Being fully aware of these dangers, I voluntarily consent for my child/children to participate in all New England Gymnastics Training Center programs and accept all risks associated with that participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby forever release and covenant not to sue New England Gymnastics Training Center, its officers, directors, shareholders, employees, volunteers and all others associated with New England Gymnastics Training Center from all liability for any and all damages and injuries suffered by my child or myself while under all instruction, supervision, or control of New England Gymnastics Training Center. I understand that if my child/children have any physical condition that may impair his/her ability to engage in the activities, it is my responsibility to obtain a physician's statement describing any limitations to participate in this program. It is always advisable to consult a physician prior to undertaking any physical exercise program. I also understand that New England Gymnastics Training Center retains the right to use any photographs, videotapes, motion picture recordings or any other record of events for publicity, advertising or any legitimate purposes.

I fully understand that New England Gymnastics Training Center staff members are not physicians or medical practitioners of any kind. With this in mind, I hereby release New England Gymnastics Training Center to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by New England Gymnastics Training Center 's staff to seek medical help and/or call an ambulance. In the event of an accident or emergency, I hereby authorize my child/children to be transported to a hospital for medical treatment and I hold New England Gymnastics Training Center and it's representatives harmless in the execution of such. I hereby agree to individually provide for all present and possible future medical expenses, which may be incurred by my child as a result of any injury, sustained while participating at or for New England Gymnastics Training Center.

I acknowledge that I have read and understand the administrative and class policies on reverse side of this form.
I have read and understand the acknowledgement of risk and waiver of liability and I voluntarily affix my name in agreement.

Parent's Signature _____ Date _____