



# Seymour Gymnastics Center

## BIRTHDAY PARTY WAIVER



Date of Party \_\_\_\_\_ Party Name \_\_\_\_\_

I fully understand that Seymour Gymnastics/Girls Inc. staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Seymour Gymnastics/Girls Inc. to render temporary first aid to my child/me in the event of any injury or illness, and if deemed necessary by the Seymour Gymnastics/Girls Inc. staff to seek medical help and/or call an ambulance. I am aware that my son/daughter/I will be engaging in physical activities which could cause injury. I agree that my son/daughter/I am voluntarily participating in these activities and are assuming all risks of injury arising out of his/her/my presence on or about the premises, or his/her/my use or intended use of equipment or facilities or his/her/my participation in activities at Seymour Gymnastics Center/Girls Inc. Seymour Gymnastics/Girls Inc. will make no evaluation or recommendation whether my son/daughter/I am physically fit for any physical activity. Further, I hereby agree, that Seymour Gymnastics Center/Girls Inc., along with its employees, owners, officers, volunteers and any other representatives shall not be liable for any losses, claims or expenses accruing as a result of my child's/children's/my participation in the event.

COVID-19 I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim of negligence. I agree that I will practice safe and social distancing and clean hygiene during my participation.

Participant Names: \_\_\_\_\_

*Include all names of attendees; parents, guardians, grandparents, & children you are responsible for today.*

Phone Number(s): \_\_\_\_\_

Responsible Persons Printed Name: \_\_\_\_\_

Responsible Persons Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please bring signed waiver on the day of the party or sign a waiver upon entry at the gym.

All persons entering the gym areas must sign a waiver.