



## Seymour Gymnastics Center BIRTHDAY PARTY WAIVER

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

I fully understand that Seymour Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Seymour Gymnastics to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the Seymour Gymnastics staff to seek medical help and/or call an ambulance. I am aware that my son/daughter will be engaging in physical exercise involving sports and fitness which could cause injury to them. I agree that my son/daughter is voluntarily participating in these activities and is assuming all risks of injury that might result. I hereby agree to waive any claims or rights that he/she might incur as a result of these activities. Seymour Gymnastics will make no evaluation or recommendation whether my son/daughter is physically fit for any physical activity. I understand that if my son/daughter has 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.

Child(ren)'s Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

Children can wear comfortable shorts and a t-shirt and/or a leotard.

**Seymour Gymnastics Center**  
955 N. O'Brien St. Seymour, IN 47274  
(812) 522-2798