



TEMPORARY BIRTHDAY ATTENDEE APPLICATION FORM

ACKNOWLEDGMENT OF RISK, MINOR RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I hereby give permission for my child(ren) to fully participate in the Gymnastics World, Inc. Birthday Party Program. I understand that, as with any sport or activity, there are certain risks in gymnastics and related activities and that I, intending to be legally bound, waive and release Gymnastics World, Inc., its employees, and offices of all responsibility for any injury sustained by my child(ren) in connection with this birthday party, at Gymnastics World, Inc., its program, or its facilities. This agreement extends to my heirs or executors who may not act in my behalf.

PARENT OR LEGAL GUARDIAN'S NAME (Please Print): _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

CHILD(REN)'S NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SAFETY AND COMFORT REQUIRE CHILDREN TO WEAR:

- Gym shorts with elastic waistbands (no zippers, belts, or buttons on shorts)
- Long hair tied back and off of the neck
- No jewelry of any kind
- No gum chewing by anyone in the gym area

DIRECTIONS TO GYMNASTICS WORLD:

We are located just east of I-77 and State Rt. 82 in Broadview Hts.

6630 Harris Road

Broadview Hts, OH 44147



Phone: 440-526-2970 Fax: 440-660-2782