Avant Coeur Gymnastics <u>Individual Families</u> Birthday Party Sign-in and Waiver

Avant Coeur Gymnastics Birthday Party	Birthday Child's Name:
Party Date:	Time:
Release of Liability and Indemnification	
assume all risks of injury or loss to myself or my a minor, I also give my permission for his/her pa medical treatment. I further agree that Particip programs/activities may be photographed and s Gymnastics programs/activities. In exchange fo activity, I release, discharge and agree to indem employees, officers or agents (the "Released Pa	vity that could result in injury, paralysis or even death. It child arising from the above activity. If the participant is articipation in the above activity, and for any necessary ants involved in Avant Coeur Gymnastics such photographs may be used to publicize Avant Coeur my child being allowed to participate in the above anify and hold harmless Avant Coeur Gymnastics, its arties") from any liability, loss or damage, including but of any of the Released Parties, which may result to me or
Parent/Guardian Signature:	
Child's Name:	Child's Name:
Child's Name:	Child's Name: