Avant Coeur Gymnastics 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 ra a minor, I also give my permission for his/her medical treatment. I further agree that Partic programs/activities may be photographed an Gymnastics programs/activities. In exchange activity, I release, discharge and agree to indeemployees, officers or agents (the "Released")	ctivity that could result in injury, paralysis or even death. I my child arising from the above activity. If the participant is participation in the above activity, and for any necessary cipants involved in Avant Coeur Gymnastics at such photographs may be used to publicize Avant Coeur for my child being allowed to participate in the above emnify and hold harmless Avant Coeur Gymnastics, its Parties") from any liability, loss or damage, including but e of any of the Released Parties, which may result to me or
Parent/Guardian Signature:	Child's Name: