

Birthday Party Waiver Form

ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL AUTHORIZATION

As legal guardian of (PLEASE PRINT FULL NAME) _____, hereafter, child(ren) I recognize that participating in sport or activities involving height or motion, including but not limited to gymnastics, tumbling & trampoline, birthday parties, special events & activities, camps and any other programs offered at Paramount Tumbling & AcroGymnastics Inc. may be dangerous activity involving **MANY RISKS OF INJURY**. I understand the dangers and risks include, but are not limited to: death, serious neck or spinal injury, which may result in paralysis, brain damage, serious injury to all internal organs, injury to all bones, ligaments, muscles, tendons, and other aspects of my child's body. I understand the dangers and risks of playing or participating may result not only injury, but in serious impairment of future ability for my child to earn a living, engage in business, and generally enjoy life. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Paramount Tumbling & AcroGymnastics Inc. programs and activities and **I ACCEPT ALL RISKS** associated with that participation.

In consideration for allowing my child(ren) to use these facilities, I, on my behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE** Paramount Tumbling & AcroGymnastics Inc. its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of Paramount Tumbling & AcroGymnastics Inc. including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents. I hereby grant permission to Paramount Tumbling & AcroGymnastics to photograph and publish the photographs of me/or my child on Paramount Tumbling & AcroGymnastics premises and its website and in related promotional brochures. I hereby waive all rights of privacy and/or compensation for me or my child, which I or he/she may have in connection with the use of my or her/his photograph or likeness, or any or all of them. I, for myself, my child and our respective heirs, administrators, successors and assigns hereby release Paramount Tumbling & AcroGymnastics from and against any and all claims, liabilities or damages arising out of, or in connection with, the use of my, or my child's photograph or likeness, or any or all of them, by Paramount Tumbling & AcroGymnastics for its business promotion activities.

In the event of an emergency I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold Paramount Tumbling & AcroGymnastics Inc. and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for Paramount Tumbling & AcroGymnastics Inc. If your child requires an inhaler, I understand I am required to stay with him/her or get a doctor's release.

I have read and understood this **ASSUMPTION OF RISK, WAIVER OF LIABILITY** and **MEDICAL AUTHORIZATION** I **VOLUNTARILY** affix my name in agreement.

Child's Name: _____ Date of Birth: _____ Gender: _____

Mother's Name: _____ Father's Name: _____

Address: _____
Street City Zip

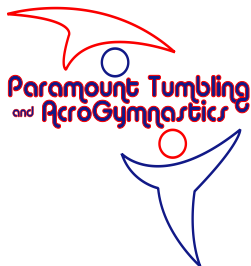
Medical conditions or allergies we should be aware of? _____

Parent Phone Number: _____ Cell Phone Number: _____

Parents E-mail address: _____

Alternate Emergency Contact Person: _____ Phone Number: _____

Parent/Legal Guardian Signature: _____ Date _____



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