

YOU'RE INVITED!

_____ IS HAVING A
GYMNASTICS BIRTHDAY PARTY!

WHERE: CAPITAL CITY GYMNASTICS CENTRE
4130 - 101 STREET, EDMONTON, AB

DATE: _____ TIME: _____
RSVP TO: _____

YOU'RE INVITED!

_____ IS HAVING A
GYMNASTICS BIRTHDAY PARTY!

WHERE: CAPITAL CITY GYMNASTICS CENTRE
4130 - 101 STREET, EDMONTON, AB

DATE: _____ TIME: _____
RSVP TO: _____

Capital City Gymnastics Club

Participant Waiver

By signing this document you will waive certain legal rights including the right to bring forth legal action.

I understand that gymnastics, acrobatics, fitness and similar activities involve inherent risks, dangers and hazards that are associated with unique movement patterns and skills, which may, in some circumstances, be executed on specialized apparatus. I acknowledge that personal harm or injury may be sustained during my own/child's involvement in the activity and declare that I accept full responsibility for my own/child's safety. I understand clearly that by signing this waiver I acknowledge the potential risks and consent to my own/child's participation.

Medical/Emergency

I hereby authorize the basic first aid to be delivered to me/my child by the club staff or other authorities. By administering first aid when required or requested, the Gymnastics Club in no way warrants or assumes any liability in relation to the administration of such basic first aid. I further understand and agree that, in the case of an emergency; the Gymnastics Club assumes no responsibility or obligation relative to any cost or expense related to carrying out an emergency procedure and/or emergency transportation for me/my child and I agree to pay for such costs and expenses and shall indemnify and reimburse the Gymnastics Club for any such costs or expenses that it incurs.

Participant name(Printed): _____ Date: _____

Parent/Guardian/Participant 18+yrs(Printed)

Parent/Guardian/Participant 18+yrs(Signed)

Capital City Gymnastics Club

Participant Waiver

By signing this document you will waive certain legal rights including the right to bring forth legal action.

I understand that gymnastics, acrobatics, fitness and similar activities involve inherent risks, dangers and hazards that are associated with unique movement patterns and skills, which may, in some circumstances, be executed on specialized apparatus. I acknowledge that personal harm or injury may be sustained during my own/child's involvement in the activity and declare that I accept full responsibility for my own/child's safety. I understand clearly that by signing this waiver I acknowledge the potential risks and consent to my own/child's participation.

Medical/Emergency

I hereby authorize the basic first aid to be delivered to me/my child by the club staff or other authorities. By administering first aid when required or requested, the Gymnastics Club in no way warrants or assumes any liability in relation to the administration of such basic first aid. I further understand and agree that, in the case of an emergency; the Gymnastics Club assumes no responsibility or obligation relative to any cost or expense related to carrying out an emergency procedure and/or emergency transportation for me/my child and I agree to pay for such costs and expenses and shall indemnify and reimburse the Gymnastics Club for any such costs or expenses that it incurs.

Participant name(Printed): _____ Date: _____

Parent/Guardian/Participant 18+yrs(Printed)

Parent/Guardian/Participant 18+yrs(Signed)