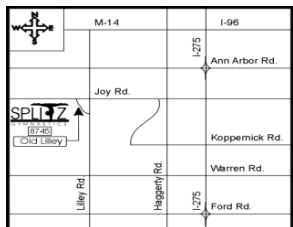




Birthday Party Waiver



8745 N. Lilley Road
Canton, MI 48187

Things to Remember:

- No Jewelry
- Hair should be pulled back
- Barefoot: No socks or tights
- No Jeans
- Bring LOTS of energy!!

Parents Name _____ Participants Name _____

Address _____ Birthday _____

City _____ State _____ Zip _____

Email _____ Phone _____

This waiver form must be signed and completely filled out in order to participate.

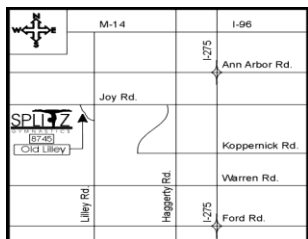
My child(ren) have permission to participate at Splitz Gymnastics. I confirm this student(s) is in good health. I am also fully aware of and accept the risks involved in doing gymnastics and tumbling activities including: muscle strains and tears, broken bones, and severe injuries such as permanent paralysis or even death. I am fully aware of the risks and possibility of injury. I give Splitz permission to call a doctor and/or parents for treatment in the event of an emergency. I further agree not to hold any Splitz Gymnastics officials or staff members responsible for any possible illness, accident, or injury which may occur in training, class, or on Splitz Gymnastics premises. I do hereby verify that I fully understand and accept the above statements set forth in this release.

Parent/Guardian Signature

Date



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