

## **Birthday Party Waiver**

<u> برائب</u>	M-14		1-96
Å		1772	Ann Arbor Rd.
	Joy Rd.		
SPLITZ 8745 Old Lilley	12		Koppernick Rd.
	Rd		Warren Rd.
G G	Haggerty Rd	1-275	Ford Rd.

8745 N. Lilley Road Canton, MI 48187

## Things to Remember:

No Jewelry Hair should be pulled back Barefoot: No socks or tights No Jeans

Parents Name	Participant			
	•	Participants Name		
Address	В	Birthday		
City	State	Zip		
Email	Phone			
My child(ren) have permission to par involved in doing gymnastics and tur even death. I am fully aware of the emergency. I further agree not to he	mbling activities including: muscle strains and t risks and possibility of injury. I give Splitz perm old any Splitz Gymnastics officials or staff mem	rticipate.  udent(s) is in good health. I am also fully aware of and accept the risk ears, broken bones, and severe injuries such as permanent paralysis o hission to call a doctor and/or parents for treatment in the event of an bers responsible for any possible illness, accident, or injury which may be understand and accept the above statements set forth in this release		
Parent/Guardian Signature		Date		
	SPLE	$\overline{Z}_{cs}$		
	Birthday Party	Waiver		
M-1-4  I-96  I-96  Ann Arbor Rd.  Joy Rd.  SPITT  Ann Arbor Rd.  Koppernick Rd.  Warren Rd.  Warren Rd.  Barren Rd.  Spit Spit Spit Spit Spit Spit Spit Spit	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	В	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.