



914 Lackawanna Avenue, Horseheads, NY 14845
 P. (607) 739-7080 Info@SkyGymnastics.com

Special Event / Birthday Party Waiver

Hosting Child's Name: _____ **Date of Party:** _____

All children must have this waiver signed by a parent, or legal guardian, to participate in the special event or party!

Notice of Risk / Acknowledgement of Possibility of Injury

We, the staff of, owners and representative of Sky Gymnastics, LLC (a.k.a. Sky Gymnastics) recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sports of gymnastics, tumbling and cheerleading. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. **Gymnastics, tumbling and cheerleading can be dangerous and lead to injury!** Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coach's instructions. Sky Gymnastics, its coaches and other staff members will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, or cheerleading instruction, or open workouts or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event. By signing this form, I acknowledge these risks of injury, and I agree that Sky Gymnastics, its staff, owners and representatives will not be responsible for any such injuries.

Release and Waiver of Liability

With the above in mind and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Sky Gymnastics. I, my executors or other representatives, waive and release all rights and claims for injuries or damages that I or my child may have against Sky Gymnastics and/or its staff, owners or representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. I have read and also understand Sky Gymnastics registration information and policies. I also understand that it is the parents' responsibility to warn the child about dangers of gymnastics and injury. The parents should warn the child according to what the parent feels is appropriate. Sky Gymnastics will only warn the child through "safety messages" and our teaching style and progressions.

Medical Emergencies – Permission to Treat

I fully understand that Sky Gymnastics staff, owners and representatives are not physicians or medical practitioners of any kind. With the above in mind, I hereby grant consent and permission to Sky Gymnastics staff, owners and representatives to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Sky Gymnastics staff to call our doctor and to seek medical help, including transportation by a Sky Gymnastics staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Sky Gymnastics staff deem this to be necessary.

By signing below, I acknowledge that I have read the above, and agree to all of these terms & conditions.

Participant Name	Parent/Guardian Name	Parent/Guardian Signature	Date
		X	
Mailing Address	City, State, Zip	Email Address	Phone Number