



Acrocheer

Party Waiver

Gymnastics

7890 Beechmont Ave. Cinti, Ohio 45255 513-807-3459 acrocheergymnastics.com acrocheergym@gmail.com

Assumption of Risk- Waiver of Liability-Medical Authorization-Photo Release

At Acrocheer Gymnastics we provide your child with a Fun and Safe as possible atmosphere for your child. However, accidents can happen therefore we must have your prior consent for your child to be able to participate at Acrocheer Gymnastics.



You must fill out this form Completely and signing is required to participate in our Birthday parties

YOU MUST HAVE THIS FORM AT SIGN -IN TO THE BIRTHDAY PARTY

Your Child's Name _____ D.O.B. _____

Your Child's Name _____ D.O.B. _____

Parent or LegalGuardian _____ Relationship _____

Home Address _____ City _____ State _____ Zip _____

Mom Cell Phone _____ Dad Cell Phone _____

Have you ever been enrolled at Acrocheer Gymnastics? Yes _____ No _____

How did you hear about us? _____

Would you like to receive information about Acrocheer Classes, Fun Nights etc.....? Yes _____ No _____

E-mail _____

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- (1) I understand that the activity involves risk of serious bodily injury... (2) I hereby release, acquit, covenant not to sue... (3) I Authorize Acrocheer Gymnastics to provide to the participant... (4) I am aware that individual or group publicity photos or videos may be taken... (5) I have read the RELEASE AND WAIVER OF LIABILITY. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

PARENT OR Legal GUARDIAN SIGNATURE _____ Date _____

