

# Birthday Waiver for Schafer School of Gymnastics

## *Assumption of Risk, Waiver of Liability, Medical Authorization*

At the Schafer School of Gymnastics we pride ourselves on providing a fun and safe environment for all children. However, there is always a risk of an accident occurring. Therefore we need **every parent to complete a consent form prior to your child participating in activities** at the Schafer School of Gymnastics. **Bring the signed waiver to the party** or your child will not be allowed to participate. Please read carefully both sides of this assumption of risk, waiver of liability, and medical authorization.

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Phone #  
\_\_\_\_\_

Is this your first visit to Schafer's?  
\_\_\_\_\_

How did you hear about us?  
\_\_\_\_\_

Would you like to be on our e-mail list?  
\_\_\_\_\_

As legal guardian of

\_\_\_\_\_,  
I recognize that potentially severe injuries can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling and trampoline. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in activities at the Schafer School of Gymnastics and I accept all risk associated with the participation. In consideration for allowing my child to use the facilities, I on my own behalf and the behalf of my child, hereby covenant not to sue and forever release The Schafer School of School of Gymnastics, its officers, directors, and employees. In the event of an emergency, I would like the above-mentioned child to be taken to the hospital for medical treatment and I hold Schafer's harmless in their execution of this action. I have read and understand this assumption of risk, waiver of liability, and medical authorization. I voluntarily sign my name in agreement.

\_\_\_\_\_  
PARENT/GUARDIAN  
SIGNATURE

\_\_\_\_\_  
DATE