

## Gymnastics Birthday Party Liability Waiver

**Dear Parent: This waiver must be filled out, signed and dated by you before your child will be allowed to participate in a Flip Over Gymnastics Birthday Party at the Berkeley 2000 Recreation Center.**

**LIABILITY WAIVER:** As a parent (legal guardian) of the below named minor, I grant permission for this minor to participate in gymnastics events at this birthday party. I assume all risks and hazards incidental to participating in the gymnastics portion of this party. I do hold harmless the Martinsburg-Berkeley County Parks & Recreation Board, the instructors, and any and all other volunteers, participants, and organizers for any claims arising out of injury to my child except to the extent and the amount covered by the accident or liability.

**MEDICAL RELEASE:** I further grant permission for emergency first aid to be given to my child in the case of injury. If necessary, I grant permission for my child to be taken to the emergency room of a nearby hospital, and its staff has my authorization to provide treatment which a physician deems reasonably necessary for the well-being of my child.

**MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT:** I will instruct my child (the minor participant) to carefully follow all gymnastics safety rules. I/We fully understand that: (1) There are risks and dangers associated with participation in gymnastic events and activities, including, but not limited to those of bodily injury, partial and/or total disability, paralysis, and death. (2) The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe. (3) These risks and dangers may be caused by the negligence of the participant or the negligence of others. (4) There may be other risks not known to us or not reasonably foreseeable at this time. I/we accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused in whole or in part by the negligence of the Recreation Board, other participants, or employees.

Name of parent hosting the Birthday Party: \_\_\_\_\_ Date of Party: \_\_\_\_\_

Name of Child attending Party(Please print): \_\_\_\_\_

Name of Child's Parent/Guardian(Please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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