

# C.G.'s GYMNASTICS

## BIRTHDAY PARTY RELEASE FORM

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

- 1) I/WE ASSUME ANY AND ALL RISKS TO MYSELF/OURSELVES AND/OR MY/OUR CHILD(REN) INVOLVED IN OR ARISING FROM MY/OUR USE OR MY/OUR CHILD(REN)'S USE OF OR PRESENCE UPON THE FACILITIES, INCLUDING, WITHOUT LIMITATION, THE RISK OF BODILY INJURY, PROPERTY DAMAGE OR DEATH. I/WE HEREBY AFFIRM THAT I/WE UNDERSTAND THE INHERENT HAZZARDS OF ACCIDENTAL INJURY IN CONNECTION WITH ACTIVITIES OR BEING ON THE PREMISES OF THE FACILITIES. I/WE UNDERSTAND THAT ANY ACTIVITY THAT INVOLVES HEIGHT OR MOTION CREATES THE POSSIBILITY OF ACCIDENTAL INJURY. I/WE ARE FULLY AWARE OF AND APPRECIATE THE RISK OF CATASTROPHIC INJURY, PARALYSIS AND EVEN DEATH AS WELL AS OTHER DAMAGES AND LOSSES ASSOCIATED WITH THE PARTICIPATION AT C.G.'S AND/OR BEING ON THE PREMISES OF THE FACILITIES.
- 2) I/WE HEREBY RELEASE C.G.'S AND ALL OF ITS SUCCESSORS, ASSIGNS, SUBSIDIARIES, OFFICERS, DIRECTORS, EMPLOYEES AND AGENTS FROM, AND AGREE NOT TO SUE THEM ON ACCOUNT OF OR IN CONNECTION WITH ANY CLAIMS, CAUSES OF ACTION, INJURIES, DAMAGES, COSTS OR EXPENSES ARISING OUT OF MY/OUR CHILD(REN)'S USE OF OR PRESENCE UPON THE FACILITIES, INCLUDING, WITHOUT LIMITATION, THOSE BASED ON DEATH, BODILY INJURY, OR PROPERTY DAMAGES; WHETHER OR NOT CAUSED BY THE NEGLIGENCE OR OTHER FAULT OF C.G.'S, OF ITS AGENTS, EMPLOYEES OR SERVANTS WHETHER PAID OR VOLUNTEERS.
- 3) I/WE INDEMNIFY, HOLD HARMLESS, AND DEFEND AT MY/OUR OWN COST, C.G.'S, IT'S AGENTS, EMPLOYEES AND SERVANTS FROM ANY AND ALL LIABILITY, DAMAGES, LOSSES, CLAIMS, JUDGMENTS, COSTS OR EXPENSES, INCLUDING ATTORNEY'S FEES, WHICH IN ANY WAY ARISES FROM MY/OUR CHILD(REN)'S USE OF OR PRESENCE UPON THE PREMISES OF THE FACILITIES, IRRESPECTIVE OR WHETHER SUCH LIABILITY, DAMAGES, LOSSES, CLAIMS, JUDGMENTS, COSTS OR EXPENSES WERE ACTUALLY OR ALLEGEDLY CAUSED WHOLLY OR IN PART THROUGH THE NEGLIGENCE OF C.G.'S OF ANY OF ITS AGENTS, EMPLOYEES OR SERVANTS, WHETHER PAID OR VOLUNTEERS.

PARENT(S) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_