



Birthday Party Waiver Form

ASSUPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL AUTHORIZATION

As legal guardian of (PLEASE PRINT FULL NAME) _____, hereafter, I recognized that participating in sport or activities involving height or motion, including but not limited to gymnastic, tumbling & trampoline, birthday parties, special events & activities, camps, field trips and any other programs offered at Paramount Tumbling & AcroGymnastics Inc. may be a dangerous activity involving **MANY RISK OF INJURY**. I understand, that the dangers and risk included, are but not limited to: death, serious neck or spinal injury, which may result in paralysis, brain damaged, serious injury to all internal organs, injury to all bones, ligaments, muscles, tendons and other aspects of my child's body. I understand, that the dangers and risk of playing or participating may result not only injury, but in serious impairment of my child(ren)'s future ability to earn a living, engaged in business and generally enjoy life. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Paramount Tumbling & AcroGymnastics Inc. programs and activities and **I ACCEPT ALL RISK** associated with participation. In consideration for allowing my child(ren) to use these facilities, I, on my behalf of my children and our respective heirs, administrator, executors and successors, hereby **COVENENT NOT TO SUE** and **FOREVER RELEASE** Paramount Tumbling & AcroGymnastics Inc. its offices, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of Paramount Tumbling & AcroGymnastics. Including without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents. I hereby, grant permission to Paramount Tumbling & AcroGymnastics to photograph and publish the photographs of me/or my child on Paramount Tumbling & AcroGymnastics Inc. premises and its website and in related promotional brochures. I hereby waive all rights of privacy and/ or compensation for me or my child, which I or he/she may have in connection with the use of my or her/his photograph or likeness, or any or all of them, I for myself my child and our respective heirs, administrators, successors and assigns hereby release Paramount Tumbling & AcroGymnastics from and against any claims, liabilities or damages arising out of or in connection with the, use of my, or my child's photograph or likeness or any or all of them, by Paramount Tumbling & AcroGymnastics for business promotion activities.

In the event of an emergency I would like my above mentioned child(ren) to be taken to a hospital for medical treatment, and I hold Paramount Tumbling & AcroGymnastics Inc. and its representative harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for Paramount Tumbling & AcroGymnastics Inc. if your child requires an inhaler, I understand I am required to stay with him/her or get a doctor's release.

I have read and understood this **ASSUMPTION OF RISK, WAIVER OF LIABILITY** and Medical Authorization I **VOLUNTARALY** affix my name in agreement.

Childs's First Name: _____ Last Name: _____ Birthday _____ Gender: _____

Mother's/Guardian's First Name _____ Last Name: _____

Father's /Guardian's First Name _____ Last Name: _____

Parent's Email Address: _____

Home Address:

Street: _____ City: _____ Zip: _____

Medical conditions or allergies we should be aware of? _____

Parent Phone Number: _____ Alternate Emergency Contact: _____

Parent/Legal Guardian Signature: _____ Date: _____

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