BLUE ANGELS GYMNASTICS CLUB

Birthday Party Participant Waiver & Release

One parent/legal guardian may list multiple minor participants from the same family on this form.

PARTICIPANT INFORMATION

#	Participant Name	Date of Birth
1		
2		
3		
4		
5		

Medical / allergy information for any participant listed above (if none, write "None"):

_____

_____

ASSUMPTION OF RISK & RELEASE

I understand that gymnastics, open gym activities, games, Nerf activities, running, jumping, climbing, tumbling, and use of gymnastics equipment involve inherent risks, including falls, collisions, contact with equipment or other participants, strains, sprains, fractures, head or neck injury, and other serious injury. I voluntarily permit each participant listed above to take part in the birthday party and related activities. To the fullest extent permitted by law, I release and hold harmless Blue Angels Gymnastics Club, its Board of Directors, officers, employees, coaches, volunteers, agents, successors, and assigns from claims arising from the ordinary risks of participation, except to the extent a claim cannot legally be waived.

SPOTTING & PHYSICAL ASSISTANCE

I understand that BAGC coaches may physically assist or "spot" participants when reasonably necessary to teach or perform an activity safely, prevent injury, or respond to an emergency, and I authorize such assistance for the participants listed above.

MEDICAL AUTHORIZATION

If I cannot be reached in an emergency, I authorize BAGC staff to provide first aid and obtain reasonable emergency medical care for any participant listed above, including emergency transportation and evaluation or treatment by licensed medical professionals. I understand that I am responsible for any resulting medical expenses.

PARTICIPANT RULES & READINESS

I understand that participants must follow BAGC staff instructions and safety rules, wear safe athletic clothing, secure long hair, remove jewelry and watches, enter the gym floor only when directed, and use equipment only as instructed. Food and drinks are not permitted on the gym floor. I will not allow a participant to take part if they are ill, contagious, injured, or otherwise unable to participate safely. BAGC may limit or stop participation when staff determines an activity or behavior is unsafe.

PARENT / LEGAL GUARDIAN ACKNOWLEDGMENT

I certify that I am the parent or legal guardian of the minor participant(s) listed above, or that I otherwise have legal authority to sign for them. I have read and understand this waiver and voluntarily agree to its terms on behalf of each listed participant.

Parent/Guardian Printed Name:	Phone:
Signature:	Date: