

**GYMNASTICS EXPRESS TOO
VALENTINE'S PARTY 2/10/12**

****Please fill out ALL information**

1. CHILD'S NAME _____ AGE _____ D.O.B. _____ SEX M/F

2. CHILD'S NAME _____ AGE _____ D.O.B. _____ SEX M/F

3. CHILD'S NAME _____ AGE _____ D.O.B. _____ SEX M/F

PARENTS NAME _____ PHONE _____

ADDRESS _____ TOWN _____ ZIP _____

EMAIL _____

GUARDIAN'S NAME (If different than parent) _____

EMERGENCY CONTACT _____ # _____

COST: \$22.00 per child _____ CASH OR CHECK ONLY

****2nd or successive sibling \$20.00**

Special Friend Request at Party: _____

ANY MEDICAL OR OTHER INFORMATION WE SHOULD KNOW ABOUT:

PLEASE READ AND SIGN BELOW.

I UNDERSTAND THE SPORT OF GYMNASTICS INVOLVES CERTAIN RISKS AND RECOGNIZE THOSE POTENTIALLY SEVERE INJURIES, INCLUDING BUT NOT LIMITED TO PERMANENT PARALYSIS OR DEATH CAN OCCUR IN ANY ACTIVITY INVOLVING HEIGHT OR MOTION. I VOLUNTARILY CONSENT TO THE ABOVE MENTIONED PERSON PARTICIPATING IN THE NEW ENGLAND GYMNASTICS EXPRESS, INC.'S PROGRAMS AND ACCEPT ALL RISKS ASSOCIATED WITH THAT PARTICIPATION.

IN CONSIDERATION FOR ALLOWING MY CHILD TO USE THESE FACILITIES, I HEREBY FOREVER RELEASE AND CONVEANT NOT TO SUE THE NEW ENGLAND GYMNASTICS EXPRESS, ITS OFFICERS, EMPLOYEES, VOLUNTEERS AND OTHERS ASSOCIATED WITH THE CORPORATION FROM ALL LIABILITY FOR ANY AND ALL DAMAGES AND INJURIES SUFFERED BY MY CHILD WHILE UNDER THE INSTRUCTION, SUPERVISION, OR CONTROL OF THE NEW ENGLAND GYMNASTICS EXPRESS, INC.

AS LEGAL GUARDIAN OF THE ABOVE MENTIONED CHILD, 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 IN TRAINING OR PERFORMANCE FOR NEW ENGLAND GYMNASTICS EXPRESS, INC.

I HAVE READ AND UNDERSTAND THIS ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY AND I VOLUNTARILY AFFIX MY NAME IN AGREEMENT.

PERIODICALLY, WE WILL BE TAKING PICTURES TO BE PUBLISHED ON OUR WEBSITE AND/OR PRINT MEDIA.

_____ NO, I DO NOT WANT ANY PICTURES TAKEN OF MY CHILD.

PARENT OR LEGAL GUARDIAN'S SIGNATURE

DATE