



## BIRTHDAY PARTY

for

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**Where:** Carroll Gymnastics  
Four Seasons Sports Complex  
2710 Hampstead-Mexico Road  
Rt. 482, Hampstead  
410-374-8655

**What to wear:** Leotards or comfortable clothes. No tights, socks or jewelry. Hair tied back.

***Come Join the Fun!***

*Be sure to return the signed event waiver to the birthday party in order to participate.*



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# CGI EVENT WAIVER

## AGREEMENT AND RELEASE

I understand and accept the risks of injury inherent to participating in gymnastics. Furthermore, I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling and trampoline. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any and all Carroll Gymnastics, Inc. programs and activities. I accept all risks associated with such participation. In consideration for me or my child(ren)'s participation I hereby, for myself and my child(ren) and our respective heirs and successors, promise not to sue and forever release their respective officers, directors, employees, landlords and volunteers from all liability resulting from damages or injuries incurred as a result of participation. In the event of an accident or emergency, every effort will be made to contact the parents or guardian. If necessary, I give my consent to Carroll Gymnastics Inc. to administer first aid and or authorize my child(ren) to be transported to a hospital for medical treatment and I hold Carroll Gymnastics Inc. and their representatives harmless in the execution of such. Additionally, I agree to be responsible for any medical bills incurred by myself for my child(ren) resulting from illness or injury sustained while participating at or for Carroll Gymnastics Inc. I have read and understand this assumption of risk, waiver of liability, medical authorization and I voluntarily affix my name in agreement.

Date \_\_\_\_\_

Child(ren)'s Name(s) (Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

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