

## **Birthday Party Release Form**

Currently Enrolled?: Yes / No

Birthday Child's Name: \_\_\_\_\_

GYMNASTICS Party Date/Time: Drop Off?: Yes / No				
Child's Name		M/F	Age	Birthday
Parent/Guardian Contact II	nformation (*	PLEASE PR	RINT*)	
Name:	Phone Number:			
E-mail:	How did you hear about us?			
INHERENT RISKS: I understand that social, recreational and competitive activities, including but not limited to gymnrisks of injury and in rare cases, death. Activities such as running, jumping, tumbling, trampoline, stretching, fitness recreational, gymnastics, exercise, fitness and competitive activities, necessarily involve inherent risks of injury and or Recognizing the above-described risks, I voluntarily agree to expressly assume all risks of injury or death that may reactivities that do not involve fitness or gymnastics. The risks assumed extend to both fitness-related, gymnastics-rel birthday parties, camping trips, and all other activities sponsored by or conducted by Wildfire.  RELEASE OF LIABILITY FOR NEGLIGENCE: I understand that by signing this agreement I am RELEASING Wildfire and bring a legal action for NEGLIGENCE against Wildfire and RELEASEES: As consideration for my child's participation i staff, coaches, employees, volunteers, attorneys, agents, representatives, affiliates, successors-in-interest, insurers are from all liability for injury, death, and property loss and damage that arises out of or results from my child's participation all liability for injury, death, and property loss and damage that arises out of or results from my child's participation and LTHORIZATION OF MEDICAL TREATMENT: While Wildfire staff, employees and volunteers are not medical profession but I recognize that such representative is not obligated to administer first aid. I authorize medical and surgical care my child's well-being, at my expense.  BINDING EFFECT: This entire agreement is binding upon me, my child's parents and legal guardians, and upon my dentered into in Orange County and is governed by the laws of the State of California. Venue for any legal action und whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement und whole or in part to be unenforceable for any reason, the remainder of that provision and of the entire agreement und whole or in part	activities, and the use of all madeath. I understand that travel seath from participation by my ated and non-gymnastics activities activities contemplated and assigns, as well as other participants in such onals, I authorize any represent and transportation of the child, as well as upon my child the this agreement is otherwise ill be severable and remain in AND MEDICAL AUTHORIZATIC BY WILDFIRE.	anner of equipment and ap to other facilities for comp child in all aspects of activi vities, including, but not lin and WAIVING any right that I by this agreement, I AGREE ents whose children are int ts described above, wheth activities. Itative of RELEASEES to adrid listed above to a medical 's heirs, executors, administ e only allowed in Orange Co full force and effect.	paratus at the facilities the facilities at and through inited to, recreational or my child or any le TO RELEASE Wildfire volved with Wildfire eer or not such activities in a facility or hospital a trators, and assigns. I ounty, California. If a AND MY CHILD, WE	ies of Wildfire and at other facilities that offer so involves such risks. Wildfire, including, but not limited to, I and social activities, such as childcare, egal representative of my child may have to e and all related entities, and their officers, and their children (collectively "RELEASEES"), ties or events occur on the property of my child, as they deem reasonably necessary, as such representative deems necessary for I acknowledge that this agreement is my provision of this agreement is held in