

Tumblefun Gymnastics

781-837-9895

WAIVER & RELEASE FORM

Participants Name _____ Birthdate ___/___/___

Participants Name _____ Birthdate ___/___/___

Activiy: ___ Class ___ Birthday Party ___ Open Gym ___ Other _____

Parent Name _____ Home Phone # _____

Cell Phone _____

Adress _____ City _____ State _____ Zip _____

Emergency Contact _____ Relationship _____

E-Mail _____

Waiver and Release

I understand there are physical risks associated with gymnastics and the physical play involved in a birthday party, open gym, kids night out, or special event at Tumblefun gymnastics. I release Tumblefun Gymnastics LLC, its owners and employees from any liability occurring during my child's participation in events at Tumblefun Gymnastics.

Parent/Guardian Signature _____ Date _____

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