



Round Rock

capgym.com

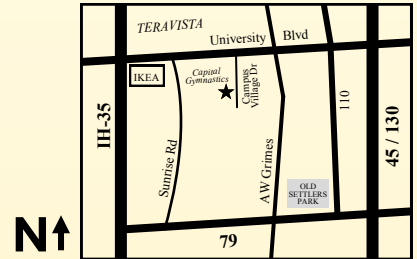
You're invited to a super
 Birthday Party at
**CAPITAL
 GYMNASTICS**
 Round Rock
 4600 Campus Village Dr.

For: _____
 Date: _____
 Time: _____
 RSVP: _____



at **Round Rock**
 4600 Campus Village Dr.
 Round Rock, Texas 78665
 (across University Blvd.
 from Teravista)

512-244-4999



At **Capital Gymnastics** we are dedicated to providing your child a fun, safe and memorable experience. However, on occasion accidents may happen. Therefore, we require your prior consent for your child's participation in activities at **Capital Gymnastics**.

Please read carefully this assumption of risk, waiver of liability and medical authorization, and then complete and sign this form.

In consideration of being allowed to enter into the play arena and/or participate in any parties at Capital Gymnastics, Inc., the undersigned, on his or her own behalf and on behalf of the minor identified below, acknowledges, appreciates and agrees that:

- I willingly agree to comply with the stated and customary terms, rules and conditions for participation. In addition, if I observe any hazard during my participation, I will bring it to the attention of the nearest official immediately, and if
- There is a risk of injury from this equipment, and while particular rules, equipment and personal discipline reduce the risk, the risk does exist, and
- I knowingly and freely assume all such risks both known and unknown, even if arising from the negligence of other participants and employees. I also assume full responsibility for the participants listed below. Further, I agree to assume liability for all medical costs, attorney fees, and all other damages resulting from injury to myself and the undersigned participants, and
- I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby hold harmless Capital Gymnastics, Inc. and their affiliates, officers, members, agents, and employees and other participants with respect to any and all injury, disability, or loss or personal damage to persons or property to the fullest extent of the law, and
- By signing below for myself, my children and/or my spouse, I agree to the above conditions.

Please print

Participant name: _____ **Date of birth:** ____/____/____
Participant home address: _____ **City:** _____ **Zip:** _____
Parent/Guardian name: _____ **Email:** _____ **Cell:** _____
Doctor's name: _____ **Doctor's phone:** _____
Birthday person name: _____

Parent/Guardian signature: _____ **Date:** _____

- ▶ **This form must be presented at Capital Gymnastics at the beginning of the party in order for your child to participate in Capital Gymnastics, Inc. activities.**
- ▶ **Any child under the age of 3 must be under close supervision of a parent or another adult. Adults are not allowed on the equipment.**