

# TNT Gymnastics, LLC. Birthday Party Waiver

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

**Date Of The Party:** \_\_\_\_\_

## All Children Must Have The Waiver Signed By A Parent/Guardian To Participate In The Party

### Notice of Risk / Acknowledgement of Possibility of Injury

We, the staff of, owners and representative of TNT Gymnastics, LLC. (collectively, "TNT" ) recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sports of gymnastics, tumbling and cheerleading. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics and tumbling can be dangerous and lead to injury! Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coach's instructions. TNT, its coaches and other staff members will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, or cheerleading instruction, or open workouts or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event. By signing this form, I acknowledge these risks of injury, and I agree that TNT, its staff, owners and representatives will not be responsible for any such injuries.

### Release and Waiver of Liability

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by TNT. I, my executors or other representatives, waive and release all rights and claims for injuries or damages that I or my child may have against TNT and/or its staff, owners or representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage, which I consider adequate for both my child's protection and my own protection. I have read and also understand TNT's registration information and policies. I also understand that it is the parents' responsibility to warn the child about dangers of gymnastics and injury. The parents should warn the child according to what the parent feels is appropriate. TNT will only warn the child through "safety messages" and our teaching style and progressions.

### Medical Emergencies – Permission to Treat

I fully understand that TNT's staff, owners and representatives are not physicians or medical practitioners of any kind. With the above in mind, I hereby grant consent and permission to TNT's staff, owners and representatives to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the TNT staff to call our doctor and to seek medical help, including transportation by a TNT staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the TNT staff deem this to be necessary.

**By signing below I acknowledge I have read the above  
and agree to all of these terms.**

Participants Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_