



Birthday Party Reservation Form

\$75.00 non-refundable deposit required to reserve day

Child's Name: _____ **Age:** _____

T-Shirt Size: Small Medium Large

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parents Name: _____

Phone No: _____ **Email:** _____

Date of party: _____ **Estimated number of attendees:** _____

Parent Signature: _____

State of North Carolina Union County - Release Agreement and Assumption of Risk IN CONSIDERATION of the covenants herein contained and agreement with Southeastern Gymnastics, its officers, agents and employees, For My Child/Children

My Ward, _____ (Insert Full Name(s) to receive instruction in gymnastics and all activities incidental thereto, or to engage in gymnastics at the Southeastern Gymnastics, I do hereby release and discharge Southeastern Gymnastics, its officers, agents and employees from all claims, demands, actions, judgments and executions which I, my child or ward or our heirs, executors, administrators or assigns as applicable, may have or claim to have, against Southeastern Gymnastics, its agents or employees, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above-described activities. I assume for my ward or child, or I if applicable, all risks associated with those activities. I certify that I (or my child or ward if applicable) have no medical conditions that would be aggravated by or make it dangerous for me to participate in the above activities. I agree to abide by the posted rules and regulations of Southeastern Gymnastics and to obey the instructions of the staff. I understand there are risks associated with the sport of gymnastics that can cause harm, injury or death. I have read this RELEASE and understand all of its terms. I execute it voluntarily and with full knowledge of its significance. I hereby authorize any emergency medical treatment for my child by physician, health service or hospital.

OFFICE USE ONLY:

Deposit Received: _____ **Date:** _____

Final attendee Count: _____ **Final Payment Amount:** _____ **Date Received:** _____