

M & M GYMNASTICS BIRTHDAY WAIVER

Guest Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

I know that participation in gymnastics involves risk and possible injury. I understand that M & M and it's staff will assume no responsibility for injuries or medical expenses incurred by myself or my son/daughter. I or my child have no physical or psychological problems that would interfere with participation in this program.

Parent Signature: _____

Printed Parent Name: _____

Date Signed: _____

Name of Birthday Child: _____

Date of party: _____

Has guest ever taken classes at M & M? Yes _____ No _____

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