

All American Gymnastics Activity Night!

Saturday, June 27

Saturday, July 25

Saturday, August 29

From 5:00 pm - 10:00 pm

For children 3-12 years old

Activities for the kids include gymnastics, games, inflatable and
a PIZZA PARTY!

Cost per evening:

\$20/ 1st child and \$15 for each additional *sibling*

(\$50 for 1st sibling for all three evenings/\$35 for each additional *sibling*)

Must pre-register by the Wednesday before the event.

Parent Signed Release form and payment needed to sign up/hold spot

ACTIVITY NIGHT PARENT SIGNED RELEASE FORM

1. Child's Name _____ D.O.B. _____ AGE _____

2. Child's Name _____ D.O.B. _____ AGE _____

3. Child's Name _____ D.O.B. _____ AGE _____

4. Child's Name _____ D.O.B. _____ AGE _____

Emergency Contact & Number _____

Special Needs/Allergies _____

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

In consideration of participating in the activities held and/or run by All American Gymnastics, Inc, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either know to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as result of my participation in the Activity. I hereby release, discharge, and covenant not to sue, All American Gymnastics, Inc, its Respective administrator, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agrees that if despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Parental Consent

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLDHARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as result of any such claim. I certify that the person participating is in good health. I hereby authorize simple first aid and consent to any x-rays, exams and medical or surgical diagnosis which are deemed necessary.

Signature of Parent/or Legal Guardian _____ Date _____