

To Dynamyx Gymnastics

You're Invited

See you there!



ALBERTA GYMNASTICS FEDERATION  
WAIVER FORM  
ACKNOWLEDGMENT OF RISK  
PLEASE READ CAREFULLY:

By signing this document you will waive certain legal rights including the right to bring forth legal action. I understand that gymnastics, acrobatics, fitness and similar activities involve inherent risks, dangers and hazards that are associated with unique movement patterns and skills, which may, in some circumstances be executed on specialized apparatus. I acknowledge that personal harm or injury may be sustained during my child's involvement in the activity and declare that I accept full responsibility for my child's safety. I understand clearly that by signing this waiver form I acknowledge the potential risks and consent to my child's participation.

Participant's Name  
Please print  
\_\_\_\_\_

Parent/Guardian Signature  
Participant Signature (over 18)  
\_\_\_\_\_

Phone #

Waiver acknowledgement  
Yes \_\_\_ No \_\_\_

Current Member

\_\_\_\_\_

COME HAVE SOME FUN  
DOING  
GYMNASTICS!

FOR \_\_\_\_\_ BIRTHDAY!

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

LOCATION:  
DYNAMYX GYMNASTICS  
BAY 104, 25 CHISHOLM AVE  
ST. ALBERT AB  
T8N 5A5

RSVP TO YOUR HOSTS AT

\_\_\_\_\_