PARTY INVITATION ENCLOSED!



26 Buttrick Road Londonderry, NH 03053 www.spectrumgymnasticsacademy.com

Spectrum Gymnastics Academy



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating at Spectrum Gymnastics Academy, 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 the 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 not known to me or not readily foreseeable at this time; and I fully assume and accept all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Spectrum Gymnastics Academy, its Respective administrators, 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 "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 agree that if, despite this release, waiver of liability, and assumption of risk, or anyone on my behalf make 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, and 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 all 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

Printed Name Of Participant -

Signature Of Parent/Or Legal Guardian

AND I, the minor's parent and/or legal gu	ardian, understand the nature of the above i	eferen	ced activities and the Minor	's experience and	l capabilities and belie	ve the m	inor 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 of the Releasees from all liability, claims, demands, losses of the Release from all liability and the release from the Release from all liability and the release from the Release from all liability and the release from the Release fr							
damages 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, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees							
from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as a result of any such claim.							

Printed Name Of Parent/Or Legal Guardian

Date

waiver/registration form. Thank you!								
Your child:		is one of 18 invited to a party!						
For:								
Party Date://	Day of the Week:	Mon Tue Wed Thur Fri Set Sun						
From:	Uptil:							
What to Wear?	Gym attire i.e. sweat pants, leotards, shorts, T-shirts, etc							
Please Call: Host Parent	et Host P	hone # RSVP Date						
·								
Directions:								
Post Office on the right.) Go past P Buttrick Road. This is 1 mile from Buttrick Road. It is a tan, steel buil 93 North To Exit #4 (Londonder At the end of the exit ramp, go left Post Office on your right.) Continu Rt. 102 West Heading east to the intersection of I next right onto Buttrick Road. You on the left after Pixie Pre-School an Rt. 111 Mammoth Road (Rt. 128) follow a Go through lights, pass The Homes	ost Office and "Buttrick F the exit. Follow this road ding#26. (Next to Pixio rry-Derry Rt. 102) onto Rt 102 west. Follow de directions from above. 102 and 128 (Mammoth F will see a blue Spectrum and House Of Samurai.	w straight through 4 sets of lights. (At the 4th set, you will see the Londonderry Place" (a small shopping mall), and take the next right (a one way sign) which is d for .4 of a mile. The gym is on the right, on the corner of Gardner Circle and e Pre-School and House Of Samurai.) w straight through 5 sets of lights. (At the 5th set, you will see the Londonderry Road), take a left turn. You will pass The Homestead on your right, and take the Gymnastics sign on the corner. Follow Buttrick Road for .6 of a mile. We are the intersection of Rt. 102 & 128. You will see a Crossroads Mall on the right, see the next right onto Buttrick Road. You will see a blue Spectrum Gymnastics on the left after Pixie Pre-School and House Of Samurai.						
You Must Read and Sign the Other Side of This Card.								
At SPECTRUM GYMNASTICS ACADEMY, we are dedicated to providing your child a fun, safe and memorable experience. However, on occasion, accidents may happen, therefore, we require your prior consent for your child's participation in activities at SPECTRUM GYMNASTICS ACADEMY. PLEASE READ CAREFULLY, BOTH SIDES OF THIS ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION. COMPLETE AND SIGN THIS FORM. YOU MUST HAVE THIS FORM AT SIGN IN. (Additional forms are always available).								
Parent or Legal Guardian:		Relationship:						
Child(ren) Name:		Date of Birth:						
	City:	State: Zip:						
Phone: ()/								
Alternate (Emergency) Contact:		Relationship:						
Phone: (/								
Have you ever been to Spectrum Gymnastics A How did you hear about us?								
now did you near about us?								