



PARTY & CAMP WAIVERS

Name of Child _____

Allergies _____

Event _____

Event Date _____

I am fully aware of and appreciate the risks and possibility of injuries, damages, and other losses that may result from participation in gymnastics, tumbling and/or birthday party, or camp activities and events. I hereby give my consent to ELITE to provide, through the medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my child's participation in the instruction and/or other activities of ELITE. I have read and fully understand the terms of this agreement, and I agree to be bound by its terms.

Parent Signature and Date _____

Cell Phone _____ Work Phone _____