

All Around Gymnastics, Inc.
5500 McGinnis Ferry Rd.
Alpharetta, GA 30005
770-475-8188
www.allaroundgym.com

**Release and Waiver of Liability Form:
Birthday Parties, Parent's Night Out and Other Gym Events**

Child's Name _____ Date of Birth _____ M or F

Parent's Name _____ Home # _____ Cell # _____

Address _____
(Street Number) (City) (State) (Zip Code)

Emergency Contact _____ Phone # _____

Health Concerns/Medications/Allergies _____

I fully understand that all activities at All Around Gymnastics could result in injury which may be caused by my child's actions or inactions or those of others. I fully accept and assume all risks and responsibility for losses, costs and damages I incur as a result of my child's participation in all activities at All Around Gymnastics including the use of any equipment or inflatables. I hereby release, discharge and hold harmless, and covenant not to sue All Around Gymnastics, Inc., its owners and any other entities associated with All Around Gymnastics.

Parent Signature _____ **Date** _____