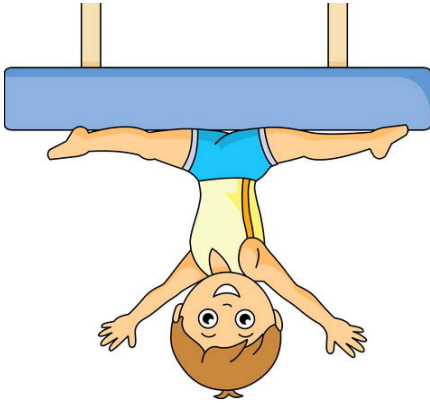


**BLOOMFIELD
GYMNASTICS**

AT



**I'M HAVING A
BIRTHDAY PARTY!**

**BLOOMFIELD
GYMNASTICS**

WHO: _____

WHEN: _____

WHERE: BLOOMFIELD GYMNASTICS
2124 FRANKLIN RD
BLOOMFIELD HILLS, MI 48302

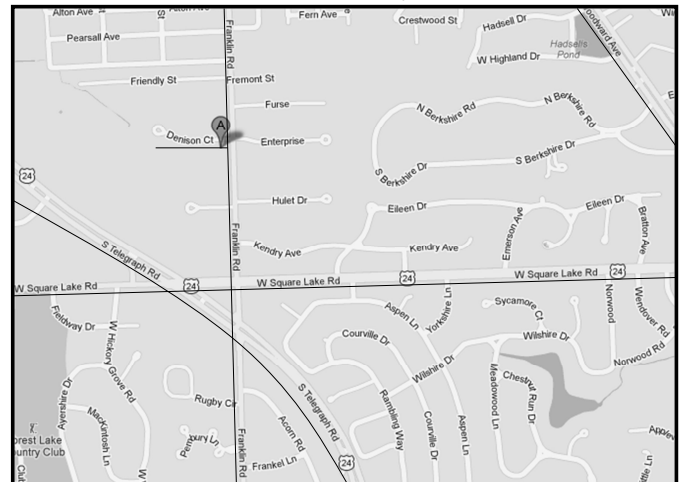
DETAILS:

- Waiver form on back of invite must be completed
- Long hair must be pulled back
- Please wear gym attire: athletics with no snaps, zips, buttons
- If staying, adults must stay in the lobby

**BLOOMFIELD
GYMNASTICS** PARTICIPANT WAIVER FORM

**BLOOMFIELD
GYMNASTICS**

2124 FRANKLIN RD
BLOOMFIELD HILLS, MI 48302



248-335-6770

www.BloomfieldGymnastics.com

BIRTHDAY PARTY HOST: _____

CHILD NAME: _____ CHILD BIRTHDATE: _____

PARENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

I hereby consent to my child(ren) participating in activities at Bloomfield Gymnastics. I recognize that potentially severe injuries, including permanent paralysis, can occur in any activity involving skills of height or motion, such as karate, dance, gymnastics, cheerleading, and related activities, including tumbling and trampoline.

I understand that it is the expressed intent of this school to provide for the safety and protection of my child(ren), and in consideration for allowing my child(ren) to use these facilities, I hereby release Bloomfield Gymnastics, its officers, employees, instructors, supervision, or control of Bloomfield Gymnastics or its employees.

As the parent/legal guardian of the aforementioned child(ren), I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child(ren) as a result of any injury sustained while at, or performing for, Bloomfield Gymnastics.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

PARENT OR LEGAL GUARDIAN SIGNATURE: _____

DATE: _____