



# Private Booking Participant Information & Waiver Form

Please complete 1 per participant

## Participant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Home Telephone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

## Emergency Contact Information

1st Emergency Contact Name: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

2nd Emergency Contact Name: Relation to Participant: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

## Participation Consent

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 consent form I acknowledge the potential risks and consent to my child's participation.

\_\_\_\_\_  
**User/Participant's Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian (please print)**

\_\_\_\_\_  
**Parent/Guardian/Participant's Signature**