

**New Bern Gymnastics**

260 Kale Road New Bern, NC 28562  
635-2100

**Birthday Party Waiver & Release**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Party

\_\_\_\_\_  
Name of Birthday Child

**Liability Waiver**

*The parent hereby gives permission for the child attending the Birthday Party to take part in all activities of this event and releases New Bern Gymnastics, Inc. and it's instructors from any and all liability to the parent or to the Child for any loss, damage, or injury sustained by the Child as a result of participation in this event.*

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

#

**New Bern Gymnastics**

260 Kale Road New Bern, NC 28562  
635-2100

**Birthday Party Waiver & Release**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Party

\_\_\_\_\_  
Name of Birthday Child

**Liability Waiver**

*The parent hereby gives permission for the child attending the Birthday Party to take part in all activities of this event and releases New Bern Gymnastics, Inc. and it's instructors from any and all liability to the parent or to the Child for any loss, damage, or injury sustained by the Child as a result of participation in this event.*

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

#

**New Bern Gymnastics**

260 Kale Road New Bern, NC 28562  
635-2100

**Birthday Party Waiver & Release**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Party

\_\_\_\_\_  
Name of Birthday Child

**Liability Waiver**

*The parent hereby gives permission for the child attending the Birthday Party to take part in all activities of this event and releases New Bern Gymnastics, Inc. and it's instructors from any and all liability to the parent or to the Child for any loss, damage, or injury sustained by the Child as a result of participation in this event.*

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

#

#

**New Bern Gymnastics**

260 Kale Road New Bern, NC 28562  
635-2100

**Birthday Party Waiver & Release**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Party

\_\_\_\_\_  
Name of Birthday Child

**Liability Waiver**

*The parent hereby gives permission for the child attending the Birthday Party to take part in all activities of this event and releases New Bern Gymnastics, Inc. and it's instructors from any and all liability to the parent or to the Child for any loss, damage, or injury sustained by the Child as a result of participation in this event.*

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

#