



52 Barbour Dr.
Forest VA 434-525-4813
www.eliteathleticsva.com



Birthday Party Waiver

Student Name listed below has my permission to attend a Gymnastics Birthday Party at Elite Athletics:		
Parent/Guardian Name:	Home Phone:	Cell Number:
Street Address:	City:	Zip:
Email Address:		
Media Waiver (please check): <input type="checkbox"/> I Consent to the use of my child's photo and/or name in Elite Athletics media publications including but not limited to Facebook, Website, Twitter, Television Commercials etc. <i>I hereby waive and release Elite Athletics from any and all liability or any injuries and illness incurred while attending an Elite Birthday party. I understand that participating in gymnastics and various sports activities involves motion and carries with it the risk of injury.</i>		
Parent/Guardian Signature:		Date:

Form 082015



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