

Amplify Gymnastics is a safe and fun environment but, as with any sport, there are risks involved during activity. This waiver must be signed and given to Amplify Gymnastics for our child to participate in the party.

Children) name(s) _____

Party Date: _____

Participant waiver- Amplify Gymnastics LLC

I give permission for my child(ren) to participate in gymnastics and game activities during the birthday party at Amplify Gymnastics. I understand that injury can take place due to the nature of the activities and I assume responsibility and waive any claim for compensation for accidental injury incurred by my child(ren) while at Amplify Gymnastics. Any photographs taken at Amplify Gymnastics may be used for display or advertising.

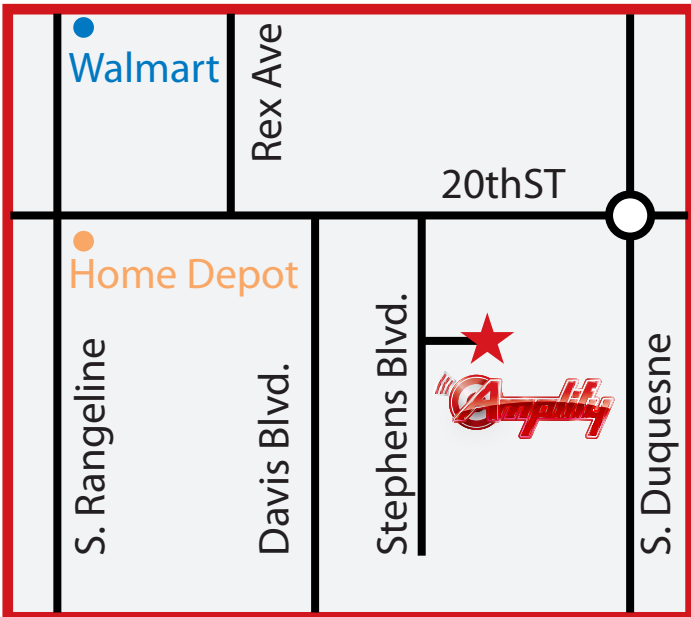
Legal Guardian signature _____

Signature: _____

DIRECTIONS



2011 Stephens Blvd.
 amplifygymnastics.com
 frontdesk@amplifygymnastics.com
 (417) 659-9200



Amplify Gymnastics

PLACE _____

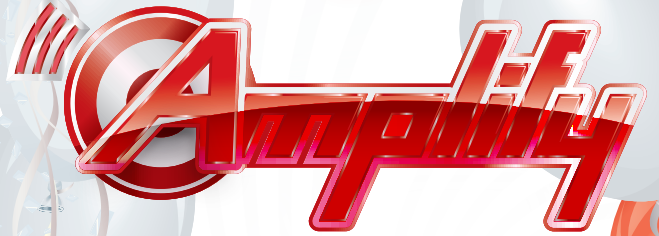
TIME _____

DATE _____

PLEASE PLAN TO COME TO OUR PARTY.

GET AMPED!!!

JOIN US FOR A PARTY AT



GYMNASTICS • CHEER • FITNESS

THIS PARTY IS FOR

THE PARTY WILL BEGIN AT
