

Birthday Party Liability Waiver & Medical Attention Release Form

In consideration for my attending a birthday party at Scamps Inc. (dba Scamps Gymnastics), I agree to be bound by each of the following:

WAIVER & MEDICAL RELEASE: As legal guardian of the child listed on this form below, I hereby consent for him/her to participate in gymnastics, trampolining and other activities deemed necessary and conducted by Scamps Inc.. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and any losses associated with participation in gymnastics activities. I hereby and forever release Scamps Inc. and it's, officers, directors, agents, lessors, and employees from all liability for any and all damages and injuries suffered or contracted as a result of my child's participation in those activities. .

MEDICAL ATTENTION: I hereby give any consent for Scamps Inc. to provide, through a medical staff of its choice, customary medical/athletic training attentions, transportation, and emergency medical services as warranted in the course of my participation in Scamps Inc. activities. I do hereby verify that I fully understand and accept each of the above conditions for permitting my child to participate at Scamps Inc..

Participant's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____ Cell: _____

Parent/Legal Guardian's Signature: _____

_____ Date: _____

Name of Child Hosting Party: _____

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