

DESERT GYMCATS FLIP N TWIST  
 2425 S. CIMARRON RD.  
 LAS VEGAS, NV, 89117  
 702-341-5852

**RSVP TO:**

**Time:**

**Date:**

Please arrive 15 minutes early for the party so we can begin the party on time!!!! Wear comfortable clothing, no shoes or socks. Please bring the completed waiver on the next page with you. We cannot allow participation without a signed waiver.

**BIRTHDAY PARTY FOR**



AS LEGAL GUARDIAN OF THE CHILD NAMED BELOW, I RECOGNIZE THAT POTENTIALLY SEVERE INJURIES, INCLUDING BUT NOT LIMITED TO PERMANENT PARALYSIS OR DEATH CAN OCCUR IN SPORTS OR ACTIVITIES INVOLVING HEIGHT OR MOTION INCLUDING BUT NOT LIMITED TO GYMNASTICS, TUMBLING, TRAMPOLINE, DANCE AND CHEERLEADING. BEING FULLY AWARE OF THESE DANGERS, I VOLUNTARILY CONSENT TO THE FOREMENTIONED CHILD PARTICIPATING IN ANY AND ALL DESERT GYMCATS' PROGRAMS AND ACTIVITIES AND ACCEPT ALL RISKS ASSOCIATED WITH THAT PARTICIPATION. PARENTS SHOULD MAKE THEIR CHILDREN AWARE OF THE POSSIBILITY OF INJURY AND ENCOURAGE THEIR CHILDREN TO FOLLOW ALL SAFETY RULES AND THE COACHES' INSTRUCTION. IN CONSIDERATION OF ALLOWING MY CHILD TO USE THESE FACILITIES, I, ON MY OWN BEHALF AND THE BEHALF OF MY CHILD, HEREBY ASSUME ALL RISKS ASSOCIATED WITH THE ACTIVITIES MENTIONED ABOVE AND AGREE TO HOLD DESERT GYMCATS, ITS STAFF OR REPRESENTATIVES HARMLESS FROM ANY AND ALL LIABILITY, CAUSES OF ACTION, DEBTS, CLAIMS OR DEMANDS OF ANY NATURE WHATSOEVER WHICH MAY ARISE IN CONNECTION WITH PARTICIPATION IN THESE ACTIVITIES. I HEREBY RELEASE DESERT GYMCATS' STAFF OR REPRESENTATIVES TO RENDER TEMPORARY FIRST AID TO MY CHILD OR CHILDREN IN THE EVENT OF ANY INJURY OR ILLNESS AND IF DEEMED NECESSARY BY DESERT GYMCATS' STAFF OR REPRESENTATIVES TO SEEK MEDICAL HELP, INCLUDING TRANSPORTATION TO ANY HEALTH CARE FACILITY OR HOSPITAL, OR THE CALLING OF AN AMBULANCE FOR THE SAID CHILD SHOULD THE DESERT GYMCATS' STAFF OR REPRESENTATIVES DEEM THIS TO BE NECESSARY; ADDITIONALLY, I HEREBY AGREE TO INDIVIDUALLY PROVIDE FOR ALL POSSIBLE FUTURE MEDICAL EXPENSES WHICH MAY BE INCURRED BY MY CHILD AS A RESULT OF ANY INJURY SUSTAINED WHILE PARTICIPATING AT OR FOR DESERT GYMCATS. I ALSO AFFIRM THAT I NOW HAVE AND WILL CONTINUE TO PROVIDE PROPER HOSPITALIZATION, HEALTH AND ACCIDENT INSURANCE COVERAGE TO WHICH I CONSIDER ADEQUATE FOR BOTH MY CHILD'S PROTECTION AND MY OWN PROTECTION. I HAVE READ AND UNDERSTAND THIS ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION AND I VOLUNTARILY AFFIX MY NAME IN AGREEMENT.

**PARTICIPANT NAME** \_\_\_\_\_  
**DATE OF BIRTH** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**CITY, STATE, ZIP** \_\_\_\_\_  
**PHONE** \_\_\_\_\_  
**EMAIL** \_\_\_\_\_

I HAVE READ AND UNDERSTAND THE PRECEDING RELEASE FORM AND ACKNOWLEDGE THE RISK INVOLVED AND I VOLUNTARILY AFFIX MY NAME IN AGREEMENT.

\_\_\_\_\_  
 PARENT/LEGAL GUARDIAN SIGNATURE  
 \_\_\_\_\_  
 DATE



Place Stamp Here

YOU'RE INVITED  
 TO A  
**DESERT GYMCATS**  
 BIRTHDAY PARTY

TO \_\_\_\_\_  
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**YOU'RE INVITED  
 TO A DESERT GYMCATS  
 BIRTHDAY PARTY**