



Activity Waiver

Date of Activity: _____

Activity – Open Gym Birthday Party Field Trip

*If attending a Birthday Party or Field Trip, Insert Time Here _____

*If attending a Birthday Party, Insert Birthday Child's Name Here _____

*If attending the Bring a Friend activity, Insert Friends Name _____

Child's Name _____

Parent's Email _____

Sex: Male Female

Child's Age: _____

Child's Birth Date: _____

Current GymStar Student? _____

***If not a current GymStar student, please fill out the information below. Otherwise see below to sign, date& submit form)**

Parents Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____ Cell/Emergency Phone _____

Medical, Physical or Other Concerns: _____

ALL CHILDREN MUST HAVE THE RELEASE FORM SIGNED BY THEIR PARENT TO PARTICIPATE.

To the extent permissible by law, I/we hereby release, discharge and/or otherwise hold harmless and indemnify GymStars, LLC, it's owners, officers, directors, employees and associated personnel, from and against any and all demands, claims and causes of action arising, directly or indirectly, from my child's/ward's participation in its programs.

THIS RELEASE SPECIFICALLY INCLUDES ANY DEMANDS, CLAIMS AND CAUSES OF ACTION ARISING OUT OF THE PAST OR FUTURE NEGLIGENT ACTS AND/OR OMISSIONS OF GYMSTARS, LLC, ITS OWNERS, OFFICERS, DIRECTORS, EMPLOYEES AND ASSOCIATED PERSONNEL. PHOTOGRAPH AND STATEMENTS: I AUTHORIZE USE OF MY CHILD'S VISUAL IMAGE AND STATEMENT IN SOCIAL MEDIA, NEWSLETTERS, POSTERS AND OTHER ADVERTISING.

Signature _____

Date _____