



13200 W. Foxfire Drive, Suite 142 Surprise, Az. 85978 **Birthday Waiver**

1 st Student					
	First & Last Name	Sex	Date of Birth	Medical Needs/ Injuries	
2 nd Student					
	First & Last Name	Sex	Date of Birth	Medical Needs/Injuries	
3 rd Student					
	First & Last Name	Sex	Date of Birth	Medical Needs/ Injuries	
Mothers Name		Fa	Fathers Name		
Mothers Cell #		Fa	Fathers Cell #		
Address:					
Parents e-mail:					
Additional Eme	rgency Contact Number:				
in activities involving voluntarily consent of activities and I ACCE such activities. Parer instruction. I am also camps may involve to the consideration for activities mentioned. Causes of actions, do cheerleading, or in the event of an erchild(ren) in the event of an erchild(ren) in the event of an erchild(ren) in the event of an erchild and will continue to protection. I hereby damages, which I or	of the child(ren) above, I recognize that provide the child(ren) above, I recognize that provide to the aforementioned child(ren) participants should make their child(ren) aware to aware that the gym area is for participatransportation to and from various field above and agree to hold Arizona Angelebts, claims or demands of any whatsoe the course of any exhibition, competition mergency, I hereby release Arizona Angelebts of an injury or illness and if deemed apportation to any health care facility or he for representative deem it necessary. Aften) as a result of any injury sustained provide proper hospitalization, health a	potentially severe injurited to gymnastics, turpating in any and all Aripation. I represent that if the possibility of injuants only and that if I etrips and as a result multiple and a result multiple a	nbling, trampoline, dance, a izona Angels Academy, LLC, at my child(ren) are in good hery and encourage their child nter the gym I am doing so a child(ren) could be injured alf and on the behalf of my courprise Angels, its staff, or a connection with participatic she may participate or while A. Surprise Angels staff or rengels Academy, LLC, D.B.A. of an ambulance for said child gree to individually provide for for Arizona Angels Academ coverage which I consider and claims of personal injuries a Academy, LLC, D.B.A. Surprises Academy, LLC, D.B.A. Surpri	It to permanent paralysis or death can occur in sports and cheerleading. Being fully aware of these dangers, I. D.B.A. Surprise Angels Gymnastics programs and health and in proper physical condition to participate (ren) to follow all safety rules and their coach's at my own risk. I am also aware that participation in door killed in a vehicular accident. Child(ren), hereby assume all risks associated with representatives harmless from any and all liability. On with gymnastics, tumbling, trampoline, dance and a travel to and from an event. Presentative to render temporary first aid to my Surprise Angels staff or representative to seek medical (ren) should the Arizona Angels Academy, LLC, D.B.A. Surprise Angels. I also affirm that I have dequate for both my child protection and my own, mental and emotional suffering and punitive rise Angels, its staff or representatives.	
Parent/ Guardia	an signature:			_Date	



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PHOTO AND VIDEO RELEASE

I understand that my child(ren)s picture or video may be used within promotion or education through Arizona Angels Academy, LLC, D.B.A. Surprise Angels website, I will not hold Arizona Angels Academy, LLC D.B.A. Surprise Angels liable for any issues that arise due to this picture or video being used. Surprise Angels is not responsible for what parents photograph and/or video and publish to social media websites.

Parent signature:	Date:	
 INFORMATION, RULES AN For safety reason parents and children (not attending class) are not allow 		
If your child needs to be removed from the party, please inform the from	nt desk and they will address this for you.	
Parent signature:	_ Date:	