

Tri-Star Gymnastics, Inc.

A Tax Exempt and Non-Profit Corporation

PARTY WAIVER, RELEASE FORM

I am fully aware of and appreciate the risks, including the risk of catastrophic injury and death, as well as other injuries and losses associated with participation in gymnastics. I understand that it is my responsibility to warn my child(ren) of the possibility of injury and encourage my children to follow all the safety rules and the coaches instructions. I understand that my insurance shall bear the costs as the primary carrier in case of injury to my child. I further agree that Tri-Star Gymnastics, Inc. along with the employees, agents, officers and directors of this organization shall not be liable for any losses occurring as a result of my child's participation in sponsored activities and events.

Please Print: Date/Time of Party Attendance: _____ Host Name: _____

Student's Full Name _____

Home Address _____

Telephone Number _____

List any physical disability, allergy, or mental challenge that may deter full participation in party:

NO STUDENT GUEST WILL BE PERMITTED TO PARTICIPATE WITHOUT MEDICAL INSURANCE COVERAGE!

Person in whose name policy is issued: _____

Insurance Carrier _____ Group or Policy Number _____

Signature of Parent _____ Date _____

See map of party location:

Tri-Star Gymnastics, Inc.

1401 Circle Avenue
Forest Park, IL 60130
(708) 771-STAR (7827)

Please wear loose fitting play clothes: shorts, T-shirts, sweats, leotards, gym clothes, etc. No jeans or pants/shorts with zippers, belts, buckles, skirts or dresses.

Thank you!

PLEASE MAIL WITH INVITATIONS!!