



Please read the following release very carefully. Do not sign if you do not understand it or if you do not intend to be legally bound by this agreement with Scale Gymnastics Center LLP

I, _____ am aware that it is my responsibility to inform the guests at my party about the inherent risks associated with the sport of gymnastics and with participation in Scale Gymnastics Center, programs, parties, and/or use of the gym, gym bus and all associated equipment. I will explain to the guests that each parent needs to sign a Scale Gymnastics Center release form when their child is dropped off. If not signed by a legal guardian, the child will not be able to participate in the gymnastics activities. I assume the hazards on behalf of my child and all of the guests participating in the party and hereby waive, release and hold harmless Scale Gymnastics Center their affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to participation in any and all Scale Gymnastics Center. programs, activities, parties, the use of any equipment. The Terms shall serve as release and assumption of risk of my heir, heirs, executor and administrator and all family and guests.

I understand that I need to send in a **\$25 non-refundable deposit** to hold my party date and time and that the balance of the party is due at the end of the event.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for me or my child(rens) participation I hereby grant my permission for my child's likeness to be used in Scale Gymnastics Center publicity and advertising.

PARENT /LEGAL GUARDIAN'S

Parent's Name: (Please Print) _____

Parent's Signature _____ Date: _____

ALL PAYMENTS MUST BE MADE BY EITHER CHECK, CREDIT CARD, OR CASH

There is a \$20 fee for every 15 minutes or portion thereof, beyond designated party time.

Make Checks Payable to: Scale Gymnastics Center

Balance is due the day of the party

OFFICE USE ONLY:

Party Date: _____ Party Time: _____ # of Guests: _____

Special Theme or other info: _____

Deposit Paid: _____ Date: Paid: _____ Ck# _____

Party Balance Due: _____ Date Paid: _____ Ck# _____