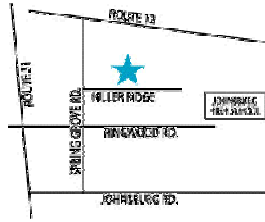


FIRE HOUSE GYM



Birthday Party
Waiver
Open Gym

Circle one: **Birthday Party** **Open Gym** If birthday party, whose? _____

I give permission for my child _____ to participate in activity at Fire House Inc. Before my child may participate I promise to read the following carefully and sign below.

(Parent/Legal Guardian signature is **REQUIRED** in order to participate!)

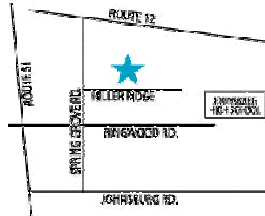
AUTHORIZATION OF MEDICAL CARE: In case of illness or injury while with Fire House Inc. in case a parent cannot be reached, Fire House Staff may authorize medical care and treatment for the above named participant(s).

LIABILITY WAIVER AND RELEASE: I understand that gymnastics/tumbling, like any other situation involving height and movement, involves risk and the chance of catastrophic injury, paralysis, and even death, as well as, other damages and losses associated with participation in a gymnastics/tumbling event. This student(s) has no problems that might compromise their safe involvement. I understand that I need to provide for medical expenses for my son/daughter and forever release Fire House Inc. along with the employees, agents, officers, and directors from responsibility or liability for any losses or damages occurring as a result of my son/daughters participation in any gymnastics/tumbling activity. Today's Date: _____

Parent/Legal Guardian name (PRINT) _____ (SIGN) _____

Phone # where parent can be reached: (H) _____ (C) _____ Other _____

FIRE HOUSE GYM



Birthday Party
Waiver
Open Gym

Circle one: **Birthday Party** **Open Gym** If birthday party, whose? _____

I give permission for my child _____ to participate in activity at Fire House Inc. Before my child may participate I promise to read the following carefully and sign below.

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