



# 2024-25 Exxcel Gymnastics and Climbing Birthday Party Participant Waiver

Exxcel Gymnastics & Climbing / 88 Wells Avenue / Newton, MA 02459 / (617) 244.3300 \* (617) 244.5777 (fax)

Name of Birthday Child: \_\_\_\_\_

Child #1 Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Child #3 Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Are there any medical conditions to which we should be alerted? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## Acknowledge of Risk & Waiver of Liability

We, \_\_\_\_\_, the parents or legal guardians of \_\_\_\_\_, hereby give permission for our child(ren) to participate in programs at Exxcel Gymnastics, LLC. We recognize that gymnastics and climbing are sports that involve height and rotation of the body, and there are inherent risks involved. On behalf of our child, and on our own behalf, we agree to waive all claims against Exxcel Gymnastics, LLC and it's owners, staff and instructors for any liability, loss, cost, damage, medical expense, long-term care or emotional distress arising out of any personal injury, including total disability, paralysis and death, which may occur to any of our children or ourselves while on the premises of or under the instruction, supervision, or control of Exxcel Gymnastics, LLC. We hereby testify to our child's health of mind and body and we authorize Exxcel Gymnastics, LLC to seek medical treatment at the nearest medical facility in case of emergency.

\* *Only the Host Parents are allowed in the building. Other parents must drop off/pickup only.*

\* *No adult is allowed on any pieces of gymnastics or climbing equipment.*

\* *Exxcel reserves the right to make, display and/or publish individual **photographs**. Photographs may be displayed within the gym, on the internet or printed in our advertisements and promotional materials.*

I/We have read and understand all the above and agree to abide by the policies listed.

Parent, Guardian or Authorized Person's **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_