



2026-27 Exxxcel Gymnastics and Climbing Birthday Party Participant Waiver

Exxxcel 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 Exxxcel 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 Exxxcel 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 Exxxcel Gymnastics, LLC. We hereby testify to our child's health of mind and body and we authorize Exxxcel Gymnastics, LLC to seek medical treatment at the nearest medical facility in case of emergency.

* Only host parents are allowed into the gym. Other parents may **drop off/pickup** or wait in the **viewing area only**.

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

* Exxxcel 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: _____