



LIABILITY WAIVER

☐ Birthday Party _____ ☐ Open Gym ☐ Special Event

Name of B-Day Boy/Girl

I give permission for my child _____ born on ____/____/____ to participate in activity at
Please Print Name Birth Date
Fire House Movements, Inc. Before my child may participate I promise to read the following carefully and sign below.

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

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 child has no problems that might compromise their safe involvement. I understand that I need to provide for medical expenses for my child and forever release Fire House Movements, Inc. along with the employees, agents, officers, and directors from responsibility or liability for any losses or damages occurring as a result of my child's participation in any gymnastics/tumbling activity.

Date: ____/____/____

Parent/Legal Guardian Name (PRINT): _____ (SIGN): _____

Emergency Phone #: _____ Alternate Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

815-759-1400

www.myfirehousegym.com

2506 Hiller Ridge Johnsburg, IL



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