SCARLET KNIGHTS GYMNASTICS ACADEMY

Guest(s) Name:

_____

You're invited to...a Gymnastics Birthday Party!!

You're invited to a Gymnastics Birthday Party...

...at SKGA's world class facility at the Livingston Recreation Center in Piscataway, NJ!

For: _____ Age:_____

Date/Time: _____

R.S.V.P by: _____at Phone Number: _____

Location: Livingston Recreation Center

62 Road 3, Piscataway, NJ 08854

Parent of Participants must complete the following form and bring it to the Party:

Child's Name: _____ Parent's Name: _____

Gender: F/M   Age: _____   Birthday: ____/____/_____

Parent's Mobile Number: (_____) _____-_____   Emergency Phone #: (_____) _____-_____

Full Home Address: _____

Email: _____

RELEASE-- MUST BE SIGNED IN ORDER FOR YOUR CHILD TO BE ALLOWED TO PARTICIPATE:

All precautions will be taken to prevent accidents. Simple First-Aid will be administered to all minor injuries. Parents and/or paramedics, ambulance or doctor may be called when necessary. It is hereby agreed that I, my child(ren), my grandchildren, my heirs and executors, waive and release all rights and claims for damages that I may have at any time at Scarlet Knights Gymnastics Academy (SKGA, LLC) and Rutgers University. I understand that participation in gymnastics and use of its equipment may cause injury (both minor and severe), paralysis, and even death. In such a circumstance, I do not hold Rutgers University, or Scarlet Knights Gymnastics Academy or its director, staff, and coaches responsible for any injury or accident anywhere on site (anywhere inside or outside the facility and recreation center). By signing below, I agree that all the risks involved in respect to such a program are fully understood. This release is valid at all terms or months my family and I are enrolled or participating in any activities. I hereby fully release and forever discharge Scarlet Knights Gymnastics Academy (SKGA) and any of their officers, directors, employees or representatives from any and all claims, actions, lawsuits or damages of any type for any claims arising from participation in this program.

Parent/Guardian Signature_____ **Date:** _____