

**Permission Slip and Waiver for Birthday Party**

I, (parent's name, print) \_\_\_\_\_  
give permission for my child, \_\_\_\_\_  
(age) \_\_\_\_\_ to participate in gymnastics class at Patti  
Dunne's School of Gymnastics, Inc. on (date) \_\_\_\_\_.

Emergency contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

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

I release Patti Dunne's School of Gymnastics and all instructors from any or all liability, should injury to myself or my child occur. I understand that any activity which involves motion, rotation, height, or inversion may cause serious injury. My child has no physical, medical, or emotional restriction which would be dangerous to him/her or others as he/she participates in the activities at Patti Dunne's School of Gymnastics. I further release the landlords of the facility from any injury which may occur to myself and children while on premises of such property.

Parent Signature: \_\_\_\_\_

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