

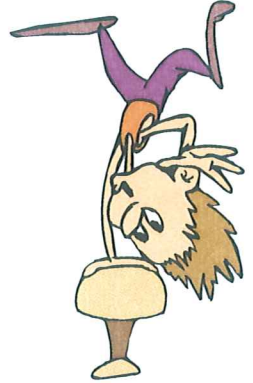
# SUPER SATURDAY



Join us for 3 hours of FUN!!

1:00 pm - 4:00 pm

We provide gymnastics, games, snack and FUN for your child while you take some time for yourself!



\$15 per child/per date (Friends welcome)

(Sibling Discount - \$25/2 kids \$35/3 kids)

**MUST BE PAID IN ADVANCE. FEE IS NON-REFUNDABLE**

**AGE 3 AND UP**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency#: \_\_\_\_\_

Circle date(s) attending: Sept. 17, 24      Oct. 1, 15      Nov. 5, 19

Dec. 3, 10, 17

**\*\* Waiver must be signed to attend\*\***  
**Acknowledgement of Risk and Waiver of Liability - Read Before Signing**

As a Legal guardian of \_\_\_\_\_ (child's name), I hereby consent to the aforementioned person participating in the Columbus Gymnastics Academy Inc.'s programs.

By the very nature of the activity, gymnastics, and cheerleading all carry a risk of physical injury. No matter how careful the student and coach, no matter how many spotters are used, no matter how many mats are provided, and no matter how many times the skill may have been performed perfectly, the risk cannot be eliminated. Reduced yes, but never eliminated.

I UNDERSTAND AND ACCEPT THAT RISK.

In consideration of my participation, I hereby release and covenant not-to-sue Columbus Gymnastics Academy, Inc., the Columbus Gymnastics Academy, Inc., Board of Directors and officers, and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Columbus Gymnastics Academy, Inc., or others listed for property damage or personal injury arising as a result of my child's engaging in or receiving instruction in gymnastics, cheerleading, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, for, or under the direction of Columbus Gymnastics Academy, Inc.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email