



Birthday Party Agreement



Thank You for choosing Shining Light Gymnastics to celebrate your child's birthday! We know this is a very special occasion in their life, and we want to help make it something they will always remember as an exceptional day for years to come.

PARENT'S NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP _____

EMAIL: _____

CHILD'S NAME: _____ BIRTHDAY: ___ / ___ / ___ AGE TURNING: _____ M/F

PARTY DATE ___ / ___ / ___

TIME: Begin: _____ End: _____ (one hour and 30 min totals)

Number of Children: _____ (max 20, age 4)----(max 25, ages 5 and up)

COST: *Non-Refundable.* ☆ \$210 (non Member) ☆ \$195 (Member)

You must speak directly to the office to add a second coach to your party!

LIABILITY WAIVER, CONSENT FOR MEDICAL TREATMENT AND CANCELLATION POLICY

I, the undersigned parent/guardian of the above child, do hereby grant the authority to the staff of Shining Light Gymnastics, Holly and Curtis Bortrager to render judgment concerning medical assistance in the event of an accident, injury or illness during my child's birthday party. I further authorize simple first aid, a medical or surgical diagnosis and treatment may be deemed necessary. By the very nature of the activity, gymnastics, birthday parties and other sport activities carry a risk of physical injury. No matter how careful the student and coach are, no matter how many spotters are used, no matter what height is used, no matter how many landing surfaces exists, the risk cannot be eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes , catastrophic injuries such as permanent paralysis or even death from landings or falls on the back neck or head. I and on the behalf of the children I have invited, herby waive and hold harmless any and all Shining Light, Curtis and Holly Bortrager staff and any other staff working in conjunction with Shining Light, Holly and Curtis Bortrager. I understand that as with any activity that involves motion or height, participation creates the possibility of injury. I have read and understand the risks involved. I hereby consent and wish to have my child/ward and other children I have invites to actively participate.

X _____
Parent's Signature

Date

Staff Initial _____

PD

CASH

CHECK

CC