



# You're Invited!



\_\_\_\_\_ is celebrating their Birthday!

Date: \_\_\_\_\_

Time: \_\_\_\_\_

At:



8103 West 126th St.  
Savage, MN 55378  
952-746-5222

For Directions, visit:  
[www.mnvalleygymnastics.com](http://www.mnvalleygymnastics.com)

Please RSVP to: \_\_\_\_\_

### WAIVER AND RELEASE

In consideration of Minnesota Valley Gymnastics Center accepting my child into training in gymnastics, which activity I hereby acknowledge involves a greater than normal risk of injury, I agree as my child's parent or guardian to assume all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, meets and other activities including but not limited to OVERNIGHTS, OPEN GYM, FIELD TRIP, PRIVATE LESSONS, or CLINICS. Warning: Catastrophic injury, paralysis, or death, can result from improper conduct of this activity. I give my permission to Minnesota Valley Gymnastics Center or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of Minnesota Valley Gymnastics Center. In case of medical emergency, I understand my child will be transported to the nearest OR (preferred hospital): \_\_\_\_\_ by the local emergency resource if rescue squad deems necessary. I understand I am responsible for all medical and emergency transportation expenses.

Further, I hereby release and agree to hold harmless and indemnify the Minnesota Valley Gymnastics Center employees, owners, or volunteers from any claims, losses or expenses incurred or on behalf of me, my child or my child's family.

Parent or Legal Guardian's Name(Please Print) \_\_\_\_\_ Phone # \_\_\_\_\_

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

**Person to call in an EMERGENCY if parents cannot be reached:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_