



SVGTC Birthday Permission Form

Scheduled Birthday Date ___/___/___ Day/Time: _____

Family Information:

Family Name: _____

Child(ren) Name(s)/DOB:

Allergies/Special Needs:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Email: _____

EMERGENCY CONTACT: Name/Relationship: _____

Phone: _____

Release of Liability

Acting for myself, my heirs, personal representatives, and assigns, I do hereby release Saco Valley Gymnastics Training Center, LLC., hereinafter SVGTC, individually and collectively, members of SVGTC staff, administrators and other agents, representatives, employees, instructors, and all other participants in the said business and program from all liability, including claims and suits at law or in equity for an injury, fatal or otherwise, that may result from participation in said program by myself and/ or the above individuals for whom I am claiming responsibility. I further state that the information requested above has been fully completed and that the information given therein is true. I further acknowledge that it shall be the duty of the participant, or legal guardian if applicable, to inform SVGTC, in writing, of any condition or circumstances whether believed to be temporary or permanent which might affect the participant's ability to participate safely in the course of the scheduled birthday party.

Medical Release

In case of emergency, I grant consent to Tiffany Soriente, and/or staff at SVGTC to authorize medical care for my minor child/children listed above. I will utilize the back of this form to provide further information/instructions if necessary.

Printed Name: _____

Signature: _____ **Date:** _____