



WINNIPEG GYMNASTICS CENTRE

102-171 Samborski Drive
Oak Bluff, MB R4G 0B3

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www.winnipeggymnasticscentre.com



Birthday Party Waiver

Birthday Party Date & Time

Date: _____ Time: _____

First & Last Name of Children Attending

- | | |
|----------|-----------|
| 1. _____ | 9. _____ |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

I, and my heirs, in consideration of my participation in the sport of gymnastics at Winnipeg Gymnastics Centre hereby release the Winnipeg Gymnastics Centre, its officers, employees and agents, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury, which might occur while participating in this event. Specifically, I release said persons from any liability or responsibility for my physical condition. I am aware of the risks of participation, which include, but are not limited to, the possibility of sprained muscled and ligaments, broken bones and fatigue. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. I understand that participation in this program is strictly voluntary and I freely chose to participate. I understand that a credit only will be provided for Government of Manitoba mandated closures, not a refund. I understand that a doctors note is required for a refund.

I have read and agree with WGC's Policy Handbook (www.winnipeggymnasticscentre.com)

Parent/Guardian Signature: _____

Print Name: _____

Date: _____