

It's a Party at APOLLO Gymnastics for

RSVP to: _____ By: _____

Date: _____ Time: _____

Waiver Form

This waiver must be signed for your child to participate

Waiver and release: *I am fully aware and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I understand that activities will involve height, motion and/or physical contact where there is risk of injury. I agree that Apollo and the sponsor of any Apollo event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event.*

I hereby give my consent to Apollo to provide reasonable first aid or athletic training assistance and to contact emergency medical services as warranted in the course of my child's participation.

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Date: _____



You're Invited!

Directions:

Apollo Gymnastics

12700 Apollo Drive

Woodbridge, VA 22192

Apollo is located at the corner of Prince William Parkway and Hoadly Road behind PNC Bank.

703.580.9144

www.apollougymnasticsva.com

The attached waiver form must be signed for participation.

Wear comfortable clothes!