

Trinity Gymnastics

4382A Gibsonia Road
Gibsonia, Pa 10544
724-444-3010

Bring a Friend/Special Event Waiver Form

Students Name: _____

Address: _____

Phone Number: () _____

Age: _____ Date of Birth: _____

Your signature below states your understanding of the information concerning the participation at Trinity Gymnastics and the inherent dangers associated with the activities offered.

My child _____ has permission to attend a special event at Trinity Gymnastics, where activities include physical skills with motion, rotation and height on unique equipment, including trampoline which carries a high risk of injury, possibly catastrophic.

I hereby release all parties directly connected to Trinity Gymnastics (owner, instructors, staff members and volunteers) from responsibility of accidental injuries sustained during participation.

Parent/Guardian Signature Date

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