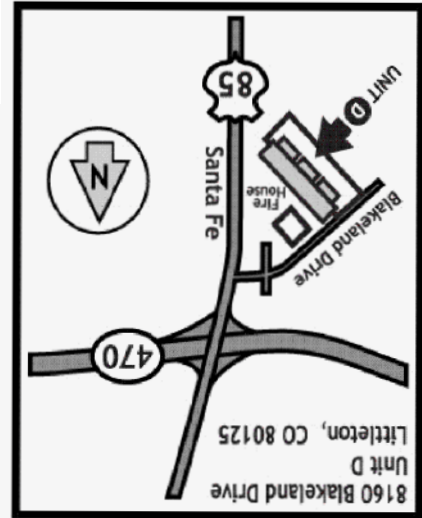


Phone: (303) 791-8178



(Parents: Please sign the back of the invitation and bring it to the party)

(wear something comfortable)

RSVP to:

(see the map)

Place: **Encore Gymnastics**

Time: _____

Date: _____

It's a party for _____

RELEASE FORM/PARTICIPATION RELEASE

By giving my child permission to participate in an Encore Gymnastics Academy, LLC (*Encore*) party event, I acknowledge the fact that participation in gymnastics involves a certain degree of risk to the participant. In the event of an accident or illness of my child I authorize any Encore employee to take the necessary steps regarding emergency medical treatments for my child, including first aid, calling of ambulance service or transportation to hospital. In my absence I authorize the hospital facility and staff to treat my child for any illness or injury he/she has. I further understand that I am solely responsible for costs incurred for any and all medical treatment. I fully understand the above and intending to be legally bound do hereby, for my child, my heirs, executors and administrators, waive, release, discharge and indemnify any and all rights and claims for damages, which may, or may thereafter accrue to my child against Encore or their respective officers, agents, successors and/or assigns for any injury or illness which may be sustained by my child while participating in classes or special events at any location.

Child's Name: _____

Parent Signature: _____

Contact # during party: _____
(if not staying for the party)

Please Note: The gymnastics equipment is reserved for the birthday party participants. Parents are not to use any of the equipment.

You'll Flip Over This Birthday Party!

So Please Bounce On Over For A Fun Time!

