

Birthday Party

Agreement

CHILD'S NAME:			
PARENT'S NAME:			
ADDRESS:			
CONTACT PHONE:		EMAIL ADDRESS	S:
STUNTZ GYM MEMEBER:	Yes	No	CHEER REC CHEER
NO. OF ADULTS	Would you like	more info on STUNTZ?	DANCETUMBLING
NO. OF CHILDREN		YES NO	
SATURDAY	DATE	12PM-2PM (SET	JP 11:30AM)
		3PM-5PM (SETU	P 2:30)
		6PM-8PM (SETU	P 5:30PM)
29470 East Highway 96 Pueblo, Colorado 81001		Option 1	
stuntzgym@comcast.net (719) 543-6680		Option 2	\cap
www.stuntzacademy.com)

PARTY COST:	\$200.00 (UP TO 15 CHILDREN)
ADD'L GUESTS: ()	\$ (\$5 FOR EACH ADDITIONAL CHILD)
TOTAL COST:	\$ (0.05% CHARGE ON CREDIT CARD
DEPOSIT:	\$ <u>30.00</u>
BALANCE DUE:	\$ (ON DAY OF PARTY)
REFUND POLICY: DEPOSIT IS NON-RI	<u>EFUNDABLE</u>

Release and Medical Authorization

STUNTZ ACADEMY LLC, 29470 E. HWY 96, PUEBLO, CO 81001

In consideration of the STUNTZ ACADEMY LLC granting the applicant permission to participate in the

instruction, activities and competition provided by STUNTZ AC	ADEMY LLC, its owners, managers, staff, officials
and sponsors, I/We	Parents or Guardians of
	, who wishes to participate in the STUNTZ
ACADEMY LLC instruction, activities and competitions, give o	ur consent for such participation by our son/
daughter. I/We fully understand that cheerleading, dance, gymna	stic and tumbling activities involve motion, rotation
and height, in a unique environment, and as such, carry with ther	n a reasonable assumption of risk. There are risks
and dangers associated with participation in cheerleading, dance,	gymnastic and tumbling activities including, but
not limited to those of bodily injury, partial and/or total disability	, paralysis, death and property damage.
I/We waive for our son/daughter any claims or causes of action f	or death, personal injury, property damage or
otherwise which I/we may now have or hereafter have against th	e STUNTZ ACADEMY LLC, its owners,
managers, staff, officials and sponsors arising out of my/our son/	daughter's participation in the instruction, activities
or competition of the STUNTZ ACADEMY LLC, its owners, ma	anagers, staff, officials and sponsors, including,
without limitation, all claims or causes of action for death, person	nal injury, property damage or otherwise resulting
from risks inherent in tumbling, cheer, dance and gymnastic activ	vities, instruction and competition, including,
without limitation, falls and from the lawful publication or any o	ther lawful use of any photograph, videotape or
narrative in any media.	
I/We give my/our consent for any photographs and/or video of m	y child to be used by the STUNTZ ACADEMY

I/We give my/our consent for any photographs and/or video of my child to be used by the STUNTZ ACADEMY LLC, its owners, managers, staff, officials and sponsors. Such material may be used for marketing purposes in the form of written publications, videos, and/or websites.

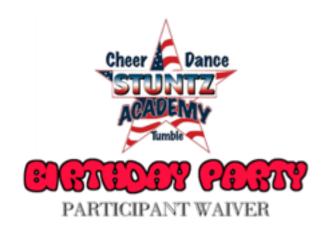
In the event of injury or illness, I/We hereby give my/our consent for medical treatment and/or ambulance transport if it is deemed necessary. I/We give my/our permission to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable treatment or necessary procedures) for the participant.

Please fill out the following information and sign. We must have this form on file for every participant at the STUNTZ ACADEMY LLC before they will be eligible to participate.

Further, I/We represent that any medication to which my/our son/daughter is allergic or currently taking is listed

below and will ensure that	ne/she will bring such medication with them to the STUNTZ ACADEMY LLC and that
he/she is responsible for co	nsuming the prescribed dosage.
Medications (if any)	
MEDICALATTENTION	
Emergency Information (please print):
Name:	Telephone:
Address:	City/State/Zip:
Doctor's Name:	Phone:
	tion except Parent/Guardian signature
Parent/Guardian	
Address:	City:
State: Zip:	Home phone: Work:
, 6	and understand everything on this Release and Medical Authorization. re(s):
	Date
	Date

Name:	
Date:	
Time:	
OFFICE USE ONLY	



ANY PERSON ON THE EQUIPMENT MUST SIGN PRIOR TO PARTICIPATING

CHILD'S NAME:	PARENT'S SIGNATURE:
CHILD'S NAME:	PARENT'S SIGNATURE:

EXTRA PARTICIPANTS

CHILD'S NAME:	PARENT'S SIGNATURE:				
CHILD'S NAME:	PARENT'S SIGNATURE:				
CHILD'S NAME:	PARENT'S SIGNATURE:				
CHILD'S NAME:	PARENT'S SIGNATURE:				
CHILD'S NAME:	PARENT'S SIGNATURE:				
CHILD'S NAME:	PARENT'S SIGNATURE:				
CHILD'S NAME:	PARENT'S SIGNATURE:				
CHILD'S NAME:	PARENT'S SIGNATURE:				
CHILD'S NAME:	PARENT'S SIGNATURE:				
CHILD'S NAME:	PARENT'S SIGNATURE:				
<u>ADULTS</u>					
NAME/SIGNATURE (18YRS+):					
NAME/SIGNATURE (18YRS+):					
NAME/SIGNATURE (18YRS+):					
NAME/SIGNATURE (18YRS+):					
NAME/SIGNATURE (18YRS+):					

HOM DID ME DOS

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Circle the number you feel is appropriate. 1 being very unsatisfied, 5 being extremely satisfied.								
1	2	3	4	5				
1	2	3	4	5				
1	2	3	4	5				
Additional questions, comments and concerns?								
	1 1	1 2 1 2 1 2	1 2 3 1 2 3 1 2 3	1 2 3 4 1 2 3 4 1 2 3 4	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5

THANK YOU FOR CHOOSING STUNTZ ACADEMY FOR YOUR BIRTHDAY PARTY NEEDS!