


2202 SE Creekview Drive
 Ankeny, IA 50021
 515-963-0215
 www.triadgymnastics.com
 Email: bdayparties@triadkids-campus.com

All children entering the gym for a birthday party must have a signed waiver.

Please fill out the waiver inside and bring it with your child to the party. Adults entering the gym to observe will need to sign a form (available at the front desk) — Please note for safety and liability reasons, adults are not allowed on any equipment.

You're Invited
 to a fantastic, fabulous,
 fun-filled birthday party
 for _____
 at TRIAD KIDS CAMPUS
 on _____
 from _____
 Please wear exercise attire
 and be prepared to run,
 jump, bounce,
 play and just
 have fun!!!



Student Information: (please print)

Child 1 Last Name _____ First Name _____ Gender: _____ Age: _____ DOB: ____/____/____
 Child 2 Last Name _____ First Name _____ Gender: _____ Age: _____ DOB: ____/____/____
 Child 3 Last Name _____ First Name _____ Gender: _____ Age: _____ DOB: ____/____/____

Parent Information: (please print)

Parent 1 Last Name _____ First Name _____ Tel: _____ Cell: _____
 Parent 2 Last Name _____ First Name _____ Tel: _____ Cell: _____
 Address: _____ City: _____ Zip _____
 Email Address: _____

*Allergies, medications, or any other medical/physical conditions that we should know about: _____

*Emergency Contact Name: _____ Phone: _____

Acknowledgment of Risk/Waiver of Liability Please read, sign and bring waiver to the front desk. Children without waiver signed will not be able to participate. My/Our child/children has/have no physical conditions that would limit his or her participation in athletic activities. I/We hereby give permission for my/our child/children to participate in activities at IA KIDS, LLC, dba Triad Gymnastics, and to work on all of the necessary equipment. I/We assume all risks and hazards incidental to the conduct of this activity and transportation to and from this activity. In case of emergency, the IA KIDS, LLC, dba Triad Gymnastics, staff has my/our permission to use their judgment with regard to treatment until I/we can be contacted. Moreover, I/we hereby authorize any qualified physician contacted to proceed with treatment. In case of emergency, I/we understand that my/our child/children will be transported to the nearest hospital OR (preferred hospital): _____ by the local emergency resource if rescue squad deems necessary. I/We understand that I/we will be responsible for all medical and emergency transportation expenses. It is understood that in some medical situations, the staff will need to contact the emergency resources before contacting the parent or other adult acting on the parents' behalf. **Warning.... Catastrophic injury, paralysis, or death can result from improper conduct of this activity.**

Photo Waiver/Release—Occasionally IA KIDS, LLC, dba Triad Gymnastics, will take photos for advertising or informational purposes. I/We hereby give IA Kids, LLC, dba Triad Gymnastics, permission to use my child's/children's photos and likeness in all forms and media for advertising, portfolio, demo, trade, stock photography, editorial, altering without restrictions, and all other lawful purposes. I/We understand I/We are entitled to no compensation. I/We release the photographer all forms of claims and liability related to my photo usage. (This Policy Subject to Change Without Notice)

Signature of Parent/Guardian _____ Date _____