

Birthday Party



You are Invited!

My birthday party is at G.A.C. Fitness and Sports Performance Center. Come dressed to bounce, run, kick and play!

Date: _____

Time: _____

Please RSVP to:

RSVP by: _____

Complete waiver on back. This is required to join me on my special day.

827 W. Central Avenue

Springboro, OH

937-550-9247

www.gac-fitness.com

alward.gac@gmail.com



Name of Child(ren):

Birthdate(s) (if under age 18):

Name(s) of Parent(s) or Legal Guardian of child(ren):

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact name: _____ Phone Number: _____

I/We as a parent or legal guardian of the child(ren) named above and for myself hereby understand and acknowledge that the training, programs and events held by Sueno Fitness Inc. DBA G.A.C Fitness and Sports Performance Center may expose me and/or my child(ren) to many inherent risks, including accidents, injury, illness, or even death. I/We assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me. I/We hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I/We acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. After having read this waiver and knowing these facts, and in consideration of acceptance of my participation of GAC Fitness and Sports Performance Center services to me/us. I agree, for myself and anyone entitled to act on my behalf, to **HOLD HARMLESS, WAIVE AND RELEASE** G.A.C Fitness its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in G.A.C Fitness training, programs and/or events. By my signature I/We indicate that I/We have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms. **PHOTO RELEASE** I/We agree to grant G.A.C. Fitness permission to photograph and/or record, pictures of my family's participation in training or events. I further agree that any or all of the material photographed may be used, in any form, as a part of any future publications, brochure, or other printed or digital materials used to promote G.A.C. Fitness and further that such use shall be without payment of fees, royalties, specific credit, or other compensation.

Parent/Legal Guardian **Signature** acknowledging you have read the above and agree

Please **PRINT** legal name

Date