



BIRTHDAY PARTY

INFORMED CONSENT AND PARTICIPATION RELEASE

Birthday Child's Name

Date of Party

I/We, _____, parent(s) and/or guardian(s) of _____, who is a participant in the Central Florida Athletics (CFA) Program or participant in CFA Gym Activities, are herewith allowing our son/daughter to participate in such activity, and give our consent for such participation by our son/daughter.

We understand that our son/daughter is required to be in good physical shape and condition and that the activities which he/she will be asked and expected to participate in are strenuous and require physical and athletic agility. It has been fully explained to us that these activities include, but are not necessarily limited to a variety of gymnastic routines, including somersaults, back handsprings, aerials and round-offs; that there will be a variety of mounts and stunts requiring the coordination of more than one participant on the squad; that these activities will not be confined to any one site or venue, but rather a variety of sites and places throughout practices and competitions.

It has also been explained to us that a birthday party has activities in which the risk of injury is high; that any one of the activities involving our son's/daughter's participation in the birthday party activities in general could lead to serious injury, including partial or total paralysis, even death. We have also discussed this with our child and among ourselves. Despite this understanding of the possibility of serious or catastrophic injury or death and the risks involved, we still consent to the participation in this activity by our son/daughter. Our child's participation in this activity is purely voluntary and we elect their participation in spite of the risks. I/we also certify that we have adequate insurance to cover any injury or damage that our child may suffer while participating, or else I/we agree to bear the costs of such injury or damage ourselves.

We also understand that our son/daughter will be required to travel to locations for performances and competitions and that we, as parent and/or guardian, will be responsible for our child's transportation.

We represent to CFA that, to the best of our knowledge and belief, our son/daughter has no physical, medical, or mental disability or other limitation that would restrict his/her ability to fully participate in this activity as described and explained to us. We agree to this informed consent and by the signing of this Participation Agreement, voluntarily release, forever discharge and agree to indemnify and hold harmless the directors, owners, coaches, assistant coaches, trainers, and volunteers of Central Florida Athletics, from any and all claims of negligence by ourselves, our son/daughter, or heirs, executors and assigns, from any liability arising from claims for damages for injury to our son/daughter and any claims for loss of or damage to his/her property which may arise out of his/her participation in CFA birthday parties.

Parental Consent:

In witness where of, I/we have affixed our signatures to this Informed Consent and Participation Agreement on this ____ day of _____, 2016 in the State of Florida.

(Parent Name)

(Date)

(Parent Signature)

(Date)