



BIRTHDAY PARTY AGREEMENT

_____ Child's Name

_____ Parent/Guardian Name

_____ Phone Number

_____ Email

_____ Address

Stuntz Gym Member? YES NO

Would you like more information about our programs? Yes No

Cheer ___ Rec Cheer ___ Tumbling ___ Dance ___

RESERVATION

Saturday _____ 12PM-2PM___ 3PM-5PM___ 6PM-8PM___

Sunday _____ 4:30PM-6:30PM

FINANCIAL AGREEMENT

Party Cost: \$225.00 (Up to 15 Children) Deposit: \$30.00 (Non-refundable)

Balance Due: \$_____

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 ACADEMY LLC, its owners, managers, staff, officials and sponsors, I, Parents or Guardians of Birthday Party Participants, who wishes to participate in the STUNTZ ACADEMY LLC instruction, activities and competitions, give our consent for such participation by our son/daughter. I/We fully understand that cheerleading, dance, gymnastic and tumbling activities involve motion, rotation and height, in a unique environment, and as such, carry with them 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 for death, personal injury, property damage or otherwise which I/we may now have or hereafter have against the 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, managers, staff, officials and sponsors, including, without limitation, all claims or causes of action for death, personal injury, property damage or otherwise resulting from risks inherent in tumbling, cheer, dance and gymnastic activities, instruction and competition, including, without limitation, falls and from the lawful publication or any other lawful use of any photograph, videotape or narrative in any media.

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.

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Stuntz Academy has put in place preventative measures to reduce the spread of COVID-19; however, Stuntz Academy cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Stuntz Academy could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Stuntz Academy and that such exposure or infection may result

in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Stuntz Academy may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Stuntz Academy employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Stuntz Academy or participation in Stuntz Academy programs ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Stuntz Academy, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Stuntz Academy, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Stuntz Academy program.

By signing this form we agree to the Release and Medical waiver and the Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID attached to this form.

.....
Parent/Guardian Signature _____

Printed Name(s): _____

Jumper Name(s): _____

Medical Insurance: _____

Parent/Guardian Signature _____

Printed Name(s): _____

Jumper Name(s): _____

Medical Insurance: _____

Parent/Guardian Signature _____

Printed Name(s): _____

Jumper Name(s): _____

Medical Insurance: _____

Parent/Guardian Signature _____

Printed Name(s): _____

Jumper Name(s): _____

Medical Insurance: _____

Parent/Guardian Signature _____

Printed Name(s): _____

Jumper Name(s): _____

Medical Insurance: _____

Parent/Guardian Signature _____

Printed Name(s): _____

Jumper Name(s): _____

Medical Insurance: _____

Parent/Guardian Signature _____

Printed Name(s): _____

Jumper Name(s): _____

Medical Insurance: _____

Parent/Guardian Signature _____

Printed Name(s): _____

Jumper Name(s): _____

Medical Insurance: _____

Parent/Guardian Signature _____

Printed Name(s): _____

Jumper Name(s): _____

Medical Insurance: _____

Parent/Guardian Signature _____

Printed Name(s): _____

Jumper Name(s): _____

Medical Insurance: _____

Parent/Guardian Signature _____

Printed Name(s): _____

Jumper Name(s): _____

Medical Insurance: _____

Parent/Guardian Signature _____

Printed Name(s): _____

Jumper Name(s): _____

Medical Insurance: _____

Parent/Guardian Signature _____

Printed Name(s): _____

Jumper Name(s): _____

Medical Insurance: _____

Parent/Guardian Signature _____

Printed Name(s): _____

Jumper Name(s): _____

Medical Insurance: _____

Parent/Guardian Signature _____

Printed Name(s): _____

Jumper Name(s): _____

Medical Insurance: _____

Signature _____

Printed Name(s): _____

Signature _____

Printed Name(s): _____

Signature _____

Printed Name(s): _____

Signature _____

Printed Name(s): _____

Signature _____

Printed Name(s): _____

Signature _____

Printed Name(s): _____

Signature _____

Printed Name(s): _____

Signature _____

Printed Name(s): _____

Signature _____

Printed Name(s): _____

Signature _____

Printed Name(s): _____

Signature _____

Printed Name(s): _____

Signature _____

Printed Name(s): _____

Signature _____

Printed Name(s): _____

Signature _____

Printed Name(s): _____

Signature _____

Printed Name(s): _____

How Did We Do?

Circle the appropriate number. (1 being dissatisfied, 5 being very satisfied)

Was the staff helpful? 1 2 3 4 5

Was the facility clean? 1 2 3 4 5

Comments: _____

Staff:
