



29470 E. Highway 96

Pueblo, CO 8100

1(719) 543-6680

# STUNTZ ACADEMY

Email: [stuntzgym@comcast.net](mailto:stuntzgym@comcast.net)

Gym phone: 719-543-6680

Vonnie: 719-406-3465

Website: [www.stuntzacademy.com](http://www.stuntzacademy.com)

## WE OFFER BIRTHDAY PARTIES

- 2 Hour Rentals @ \$225.00 for parties of 15 children (this Includes bounce houses)
- Total party restricted to 40 attendees including children
- No Homemade food or baked items
- Everyone over 10 years old must wear masks
- Everyone will be required to apply hand sanitizer, have temperature taken and sign waiver
- \$30 non-refundable Deposit required at reservation
- **\$5 per additional child after 15 children**
- \$75 for every additional hour over the original 2 hours you want to add to your party
- Two tumbling coaches
- Bounce House is offered if children are under 7 years old (ask front desk)

### Saturdays:

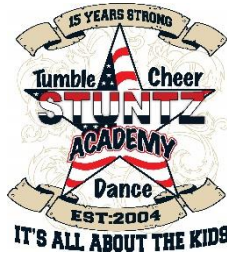
12 PM – 2 PM (Setup at 11:30)

3 PM – 5 PM (Setup at 2:30)

6 PM – 8 PM (Setup at 5:30)

### Sunday

4PM—6PM (Setup at 3:30)



BIRTHDAY PARTY AGREEMENT

CHILD'S NAME

ADDRESS

ZIP

PARENT NAME

PHONE

EMAIL

STUNTZ GYM MEMBER? YES NO

WOULD YOU LIKE MORE INFORMATION ON OUR PROGRAMS?  
YES!

CHEER\_\_\_\_\_

REC CHEER\_\_\_\_\_

TUMBLING\_\_\_\_\_

DANCE\_\_\_\_\_

WHAT DAY AND TIME WOULD YOU LIKE TO RESERVE? (Please circle one)

**SATURDAY**

12 - 2

3 - 5

6 - 8

**SUNDAY**

4 - 6

REQUIREMENTS SET BY THE HEALTH DEPARTMENT:

- FOOD
  - only store purchased food can be brought into the gym. (Pizza, cake, bottled water or soda)
  - No home-made food or baked goods can be brought in or served.
- ATTENDEES-
  - A maximum of 40 people are allowed at the party. If there are 15 children, we can only have 25 adults.
  - Adults and children over 10 must wear masks.
- TABLES
  - Social distancing must be observed - 5 adults per table
  - Children will have a separate area

FINANICAL AGREEMENT:

PARTY COST: \$225.00 (UP TO 15 CHILDREN)

DEPOSIT: \$30.00

BALANCE DUE: \$ \_\_\_\_\_

REFUND POLICY: DEPOSIT IS NON-REFUNDABLE

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

\_\_\_\_\_, 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.

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 he/she will be such medication with them to the STUNTZ ACADEMY LLC and that he/she is responsible for consuming the prescribed dosage.  
Medications (if any)

\_\_\_\_\_

Emergency Information (please print):

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

CITY STATE ZIP

Doctor's Name: Phone:

Please PRINT all information except Parent/Guardian signature

Student Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

ZIP: Home Phone: Work:

MEDICAL, LIABILITY & PROMOTINOIAL RELEASE

(MEDICAL INSURANCE COMPANY: \_\_\_\_\_ POLICY# \_\_\_\_\_)

I/We have read, agree to, and understand everything on this Release and Medical Authorization

\_\_\_\_\_

Parent/Guardian Signature's): \_\_\_\_\_ Date \_\_\_\_\_

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

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.

---

Signature of Parent/Guardian

Date  
)

---

Print Name of Parent/Guardian

Name of Stuntz Academy Participant(s)

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.**

CHILD NAME ..... PARENT SIGNATURE .....  
MEDICAL, LIABILITY & PROMOTIONAL RELEASE (MEDICAL INSURANCE COMPANY: POLICY# )

CHILD NAME ..... PARENT SIGNATURE .....  
MEDICAL, LIABILITY & PROMOTIONAL RELEASE (MEDICAL INSURANCE COMPANY: POLICY# )

CHILD NAME ..... PARENT SIGNATURE .....  
MEDICAL, LIABILITY & PROMOTIONAL RELEASE (MEDICAL INSURANCE COMPANY: POLICY# )

CHILD NAME ..... PARENT SIGNATURE .....  
MEDICAL, LIABILITY & PROMOTIONAL RELEASE (MEDICAL INSURANCE COMPANY: POLICY# )

CHILD NAME ..... PARENT SIGNATURE .....  
MEDICAL, LIABILITY & PROMOTIONAL RELEASE (MEDICAL INSURANCE COMPANY: POLICY# )

CHILD NAME ..... PARENT SIGNATURE .....  
MEDICAL, LIABILITY & PROMOTIONAL RELEASE (MEDICAL INSURANCE COMPANY: POLICY# )

CHILD NAME ..... PARENT SIGNATURE .....  
MEDICAL, LIABILITY & PROMOTIONAL RELEASE (MEDICAL INSURANCE COMPANY: POLICY# )

CHILD NAME ..... PARENT SIGNATURE .....  
MEDICAL, LIABILITY & PROMOTIONAL RELEASE (MEDICAL INSURANCE COMPANY: POLICY# )

CHILD NAME ..... PARENT SIGNATURE .....  
MEDICAL, LIABILITY & PROMOTIONAL RELEASE (MEDICAL INSURANCE COMPANY: POLICY# )

CHILD NAME ..... PARENT SIGNATURE .....  
MEDICAL, LIABILITY & PROMOTIONAL RELEASE (MEDICAL INSURANCE COMPANY: POLICY# )

CHILD NAME ..... PARENT SIGNATURE .....  
MEDICAL, LIABILITY & PROMOTIONAL RELEASE (MEDICAL INSURANCE COMPANY: POLICY# )

CHILD NAME ..... PARENT SIGNATURE .....  
MEDICAL, LIABILITY & PROMOTIONAL RELEASE (MEDICAL INSURANCE COMPANY: POLICY# )

CHILD NAME ..... PARENT SIGNATURE .....  
MEDICAL, LIABILITY & PROMOTIONAL RELEASE (MEDICAL INSURANCE COMPANY: POLICY# )

CHILD NAME ..... PARENT SIGNATURE .....  
MEDICAL, LIABILITY & PROMOTIONAL RELEASE (MEDICAL INSURANCE COMPANY: POLICY# )

CHILD NAME ..... PARENT SIGNATURE .....  
MEDICAL, LIABILITY & PROMOTIONAL RELEASE (MEDICAL INSURANCE COMPANY: POLICY# )

NAME 18+ NAME .....	SIGNATURE .....
MEDICAL, LIABILITY & PROMOTIONAL RELEASE	(MEDICAL INSURANCE COMPANY: _____ POLICY# _____ )
NAME 18+ NAME .....	SIGNATURE .....
MEDICAL, LIABILITY & PROMOTIONAL RELEASE	(MEDICAL INSURANCE COMPANY: _____ POLICY# _____ )
NAME 18+ NAME .....	SIGNATURE .....
MEDICAL, LIABILITY & PROMOTIONAL RELEASE	(MEDICAL INSURANCE COMPANY: _____ POLICY# _____ )
NAME 18+ NAME .....	SIGNATURE .....
MEDICAL, LIABILITY & PROMOTIONAL RELEASE	(MEDICAL INSURANCE COMPANY: _____ POLICY# _____ )
NAME 18+ NAME .....	SIGNATURE .....
MEDICAL, LIABILITY & PROMOTIONAL RELEASE	(MEDICAL INSURANCE COMPANY: _____ POLICY# _____ )
NAME 18+ NAME .....	SIGNATURE .....
MEDICAL, LIABILITY & PROMOTIONAL RELEASE	(MEDICAL INSURANCE COMPANY: _____ POLICY# _____ )
NAME 18+ NAME .....	SIGNATURE .....
MEDICAL, LIABILITY & PROMOTIONAL RELEASE	(MEDICAL INSURANCE COMPANY: _____ POLICY# _____ )
NAME 18+ NAME .....	SIGNATURE .....
MEDICAL, LIABILITY & PROMOTIONAL RELEASE	(MEDICAL INSURANCE COMPANY: _____ POLICY# _____ )
NAME 18+ NAME .....	SIGNATURE .....
MEDICAL, LIABILITY & PROMOTIONAL RELEASE	(MEDICAL INSURANCE COMPANY: _____ POLICY# _____ )

## HOW DID WE DO?

CIRCLE THE NUMBER YOU FEEL IS APPROPRIATE

1 BEING VERY UNSATISFIED. 5 BEING EXTREMELY SATISFIED.

WERE THE COACHES HELPFUL?	1	2	3	4	5
WAS THE FACILITY CLEAN?	1	2	3	4	5
WERE YOU SATISFIED?	1	2	3	4	5

ADDITIONAL COMMENTS: