

You Are Invited To My Birthday Party At:

Spartan Gymnastics



Rock Climbing



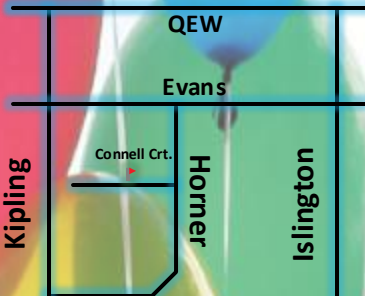
Trampolines



Gymnastics

Name: _____ **Date:** _____ **Time:** _____

RSVP by _____, by contacting us at:



25 Connell Crt.
Unit #2
416 837 0342



Please fill out and bring this invitation/waiver with you if you plan to attend our birthday party

I am giving permission to Spartan Gymnastics for my child _____ to participate in this birthday party and any related activities offered by Spartan Gymnastics. I acknowledge that there is a risk of injury associated with this athletic event for which I am registering my child or myself. I hereby accept all the risk and release Spartan Gymnastics from all claims of any kind that may arise.

Name: _____ Relationship: _____ Signature: _____ Date: _____