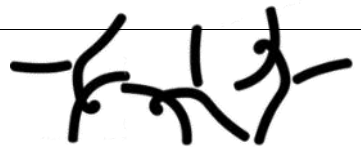
Airdrie Edge Birthday Party: Party Guests' Waiver

Name of contact person/party host:
Time & date of party:



Waiver. In consideration of my (and/or my child's) participation in this activity, I hereby release and discharge the Airdrie Edge Gymnastics Club (hereinafter the Organization) and its representatives, successors, and assignees, from any and all liability arising from accident, injury, and illness that I (he/she) may suffer as a result of my (his/her) participation in this activity. I (he/she) will also follow any rules and regulations set by the Organization and above-named parties pertaining to my (his/her) participation in any and all activities.

I further understand that the information provided on this form will be treated in accordance with the organization's Privacy of Personal Information Policy. I understand and agree that the personal information collected will be used for the purpose of conducting the business of the Organization and will be available to coaches, staff, board members, AGF staff, ActiveNet staff and auditors as is deemed necessary. The information will also be used for emergency response purposes where applicable.

Please list any adults who accompany your under-4-years-old guests. Note: they are not counted in the total number of party guests.

Guest **first** name	Guest **last** name	Guest **age**	Adult guest, or parent or legal guardian of guest, signature **in agreement with the waiver**	Adult guest, or parent or legal guardian's **cell number**