



YOU'RE INVITED TO A

Tumbling Party

CENTRAL BUCKS FAMILY YMCA



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Tumbling Party

CENTRAL BUCKS FAMILY YMCA

Child's Name _____

Child's Address _____

Child's DOB _____ Phone Number _____

Email Address _____

Member Potential Member

Attending party for _____

In consideration of my child's participation in the activities at the Central Bucks Family YMCA, I do hereby hold the CBFYMCA free from any liability, including their respective officers, employees and members. This includes, but is not limited to, their own negligence. I do hereby -- for myself, heirs, executors and administrators -- waive, release and forever discharge any and all rights and claims for damages or injuries which my child/I may incur or may arise in connection with participation in any of the activities within the facility. I, the undersigned, have read, understand and agree to the above. **My consent to the terms is assumed if do not return this form.**

Signature _____

PHOTO CONSENT: I do hereby grant permission for video/photographs to be taken by the CBFYMCA staff that may be used for publicity and advertising purposes.

Yes No

Please bring with you to the party. Thank you!

If waiver is altered, you will be asked to sign a new waiver.

FOR: _____

DATE: _____

TIME: _____

PLACE: Central Bucks Family YMCA
2500 Lower State Road, Doylestown, PA 18901

RSVP TO: _____

Child's Name _____

Child's Address _____

Child's DOB _____ Phone Number _____

Email Address _____

Member Potential Member

Attending party for _____

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