



Invites you to a Birthday Party!

For: _____

Date: _____
Time: _____

RSVP#: _____

River City Gymnastics, Inc.
5310 S. Shackelford, Suite A
Little Rock, AR 72204
501-407-8000

If traveling north on I-430:
Take the Colonel Glenn exit and turn right. Turn right at the stop light at Shackelford. We are 1/4 mile on the right.

If traveling south on I-430:
Take the Colonel Glenn exit. At the exit, turn left. Turn right at the stop light at Shackelford. We are 1/4 mile on the right.



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Birthday Party Waiver
(Must be returned to River City Gymnastics to attend party.)

Name _____

Address _____

City _____

Zip _____

Phone # _____

I give my consent for my child to participate in the birthday party at River City Gymnastics, Inc. I am aware that there are certain risks to participating in any sports activity, including gymnastics, that involves height, running and flipping. Although River City Gymnastics, Inc. has never had a child who has suffered a catastrophic injury, loss of limb, paralysis or death from any gymnastics activity, the USA Gymnastics safety guidelines require us to inform you that these risks are present as well as minor injuries such as sprains and strains, or broken bones. I waive any and all rights or causes of action against River City Gymnastics, Inc. or its' staff members for any injuries suffered by my child and other damages suffered by the child or myself while under the supervision or control of River City Gymnastics, Inc. and its' employees. This acknowledgement or risk and waiver of liability has been read by me, understood completely, and signed voluntarily.

Parent's Signature _____

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