

ArtSports is located off exit 146 (Garden of the Gods Exit) at 4626 North Park Drive. We are one block East of the Interstate and one block North off Garden of the Gods (behind the McDonald's). If you have any questions or need further instructions, please call ArtSports at 531-5867, Monday through Friday from 3:30 - 7pm. If calling during a party, ask if anybody could please pick up phone for help!

**DIRECTIONS**



**ARTSPORTS**  
**TRAMPOLINE PARTY**

Must have signed waiver in order to participate.

**PLEASE R.S.V.P @**

PLACE: 4626 North Park Dr.  
TIME:  
DATE:  
**Please wear comfortable workout wear.**

This Party is in honor of

Please join us for 1 1/2 hours of trampoline, bungee bouncing, pit diving, contests, prizes, castle jumping, blob wrestling & FUN, FUN, FUN!!!!!!

**Medical Release & Liability Form**

I am fully aware that any activity involving motion and or Height creates the possibility of serious injury or even death and I further agree to hold ArtSports, its staff, hosts, officers and sponsors harmless and discharge all rights and claims from any injury or resulting expenses from ArtSports. ArtSports strives to provide the maximum safety procedures and guidelines and therefore can not assume responsibility for any accidents or injuries that may occur. It is essential that participation of parents, children and friends follow the rules of trampoline and the gym to ensure safety. Adults in a child oriented event are not allowed on the equipment. Flips are not allowed unless under the supervision of the coach. Participants must show the coach a flip first upon a safety cushion before attempting it on their own. Participants must ask for assistance before attempting any flipping type skills. **No** rough housing or abuse of the body will be tolerated. No bouncing or jumping onto your stomach on cushions or the pit. Very serious injury is possible. Therefore, I give permission for my child/children in any ArtSports activity and do hereby grant permission to EMT or hospital staff members to administer immediate treatment to my child/children should they become injured or sick if we cannot contact you first.

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Phone# \_\_\_\_\_ 2nd# \_\_\_\_\_

\*Please announce medical conditions, allergies or precautions