

KJ'S GYMNASTICS WAIVER



Thank you for choosing KJ's Gymnastics. At KJ's, we are dedicated to providing your child a fun & safe experience. However, on occasion, accidents MAY happen. Therefore we require your consent PRIOR to your child's participation in activities here at the gym.

Please read carefully, complete & sign this form. You must have this form when entering.

Parent/Guardian Name:

Child(ren)'s Name & Age:

Home Address:

Phone # of Parent to be reached during the event:

Alternate Emergency Contact Name & Phone #:

Email Address:

Event Type (Circle One):

Birthday Party

Field Trip

Other

Birthday Child Name:

This waiver must be returned with parent signature or a parent must make an account on our Parent Portal and accept our waiver online. No waiver, no participation!

I recognize that potentially severe injuries can occur in any activity involving height or motion, including tumbling and related activities including Ninja Zone, gymnastics, tumble tramp, trampoline, inflatable bouncers, and physical activity in general. I am fully aware of and appreciate the risks, including the risk of injury, paralysis, and even death, as well as other damages and losses associated with participation in this gymnastics and/or Ninja Zone activities. I have informed my child of such risks. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of my student(s) and, in consideration for allowing my student(s) to use these facilities, I hereby COVENANT NOT TO SUE and FOREVER RELEASE this KJ's Gymnastics, NinjaZone, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control during any and all classes or extra activities.

As legal parent or guardian of this child(ren), _____, I hereby verify by my signature below that I fully understand and accept the above conditions for permitting my child to participate in this class at KJ's Gymnastics Inc. IN THE EVENT OF AN EMERGENCY, I would like my above mentioned child to be taken to a hospital for medical treatment and I hold KJ's Gymnastics and its representatives harmless in their execution of this action.

I HAVE READ AND UNDERSTAND THIS ASSUMPTION OR RISK AND WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION AND I VOLUNTARILY AFFIX MY NAME IN AGREEMENT.

Date: _____

Parent or Legal Guardian's signature