

**K & G GYMNASTICS
WAIVER & RELEASE FORM**

Participants Name _____ Birthdate ____/____/____
Participants Name _____ Birthdate ____/____/____
Participants Name _____ Birthdate ____/____/____
Parent Name _____ Phone # _____
Address _____ City _____ State _____ Zip Code _____
Emergency Contact _____ Relationship _____ Phone _____

K&G Gymnastics is committed to conducting its activities in the safest manner possible. We hold the safety of the participants in the highest possible regard. Parents must recognize however that there is an inherent risk of injury when choosing to participate in recreational activities. K&G Gymnastics continually strives to reduce such risks and insists that all participants follow safety rules and instructions, which have been designed to protect the participant's safety.

RELEASE OF LIABILITY WAIVER:

WARNING! CATASTROPHIC INJURY, PARALYSIS OR EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THE ACTIVITY.

In consideration of K & G Gymnastics accepting myself or my child into participation and/or training in gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury, I agree, for myself or as my child's parent/guardian to assume responsibility for all risks, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastics classes, programs, lessons, meets, birthday parties, open gyms, field trips or any other activities connected with K & G Gymnastics.

I give my permission to K & G Gymnastics and/or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of me or my child while under the supervision of K & G Gymnastics.

In case of an emergency, I understand that I or my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, physician and/or other acting on behalf of the parent or family can be reached.

Further, I hereby release and agree to hold harmless and to indemnify K & G Gymnastics employees, owners or volunteers from any claims, losses or expenses incurred or on the behalf of me, my child or my child's family.

CONSENT TO PHOTOGRAPH AND MEDIA REALEASE:

I understand that my child's photograph or video may be taken during the course of class instruction, during a special event at K & G Gymnastics or at a function sanctioned by K & G Gymnastics. I hereby grant permission to K & G Gymnastics to use my child's photograph or likeness in any publicity or promotional publications (e.g., web site, newspaper ads, bulletin boards, newsletters, programs, brochures, public broadcasting releases, etc.) and to allow the news media to film and/or photograph programs and activities for broadcast purposes.

I have read and understand this "Release of Liability Waiver" and "Consent to Photograph and Media Release" and I voluntarily affix my name in agreement.

Participant Signature _____ Date _____
(If participant is 18 years or older)

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(If participant is under 18 years of age)