## **King City Gymnastics Academy Waiver**

Parent's First Name:	Last Name:				
Email:	ne:				
Address:	City:	Zip:			
Child's First Name:	Child's Last Name:				
DOB:// Male / Fen	nale				
	OF LIABILITY, ASSUMP IT ("AGREEMENT") PAI	PTION OF RISK, AND INDEMNI RENTAL CONSENT	ITY		
Acknowledgment of Risk and Variation that participation in gymnastics, that participation in gymnastics, that Gymnastics Academy ("KCGA") is limited to sprains, strains, fracture include, but are not limited to, insubservation. I voluntarily assume and agree to waive, release, and directors, officers, employees, voluments, actions, or causes of a child(ren) while participating in accomplished to the participation of the participation	umbling, ninja, open platinvolves inherent risks of es, concussions, paralystruction, use of equipment all risks associated with discharge King City Gyolunteers, and agents from any	ay, and related activities at King of physical injury, including but resis, or even death. These activitient, participation in events, and h participation in any activities asymnastics Academy, its owners, om any and all liability, claims, y injury or damage to me or my	y City not ities I at KCGA		
Medical Authorization: In the administer basic first aid and/treatment by a licensed physicia KCGA and I am unable to be rea	or contact emergency an or hospital if I or my	services. I further authorize	medica		
Photo and Video Release: I unduring classes, events, or open gobelow, I grant permission for my those images or recordings to be	gym sessions for promoty yself and/or my child to	tional or marketing purposes. Bobe photographed or recorded	By signing d and foi		
Acknowledgment and Signatur	·e				
I certify that I have read this waiv release of liability and a contract	•		s is a		
Signature of Parent/Guardian: Date:					