

At **KJ's**, we are dedicated to providing your child a fun and safe experience. However, on occasion, accidents may **happen**, therefore we require your prior consent for your child's participation in activities at KJ's Gymnastics.

PLEASE READ CAREFULLY, COMPLETE AND SIGN THIS FORM. YOU MUST HAVE THIS FORM AT SIGN IN. (Additional forms are available at KJ's)

Parent/Legal Guardian: _____

Child's Name: _____

Home address: _____

Phone number parent can be reached during party? _____

Alternate Emergency Contact: _____ Phone Number: _____

e-mail address (PLEASE PRINT) _____

You must Read and Sign this form. Thank you, KJ's Staff

Birthday Child _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

KJ's uses inflatable slides & Bouncers during its Birthday Parties.. 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-inflatable birthday party. I have informed my child of such risks. I further agree that KJ's Gymnastics Inc., along with the Employees, officers and directors, shall not be liable for any damages occurring as a result of my child's participation in this party. **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 birthday party at KJ's Gymnastics.

IN THE EVENT OF AN EMERGENCY, I would like by 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 OF RISK, WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION AND I VOLUNTARILY AFFIX MY NAME IN AGREEMENT.

Parent or Legal Guardian's Signature _____

Date: _____