



2000 Memorial Drive St. Johnsbury, VT 05819  
 (802) 748-7898 \* info@kingdomvtygymnastics.com

Thank you!  
 signed by a parent or guardian.  
 participate without a release form  
 dresses. No child will be allowed to  
 jeans, jewelry, tights with feet or  
 appropriate for physical activity. No  
 comfortable clothing that is  
 that your child is dressed in  
**ARRIVE ON TIME.** Also please see  
 of his or her time with us, PLEASE  
 To ensure your child makes the most

Name of participant: \_\_\_\_\_ dob: \_\_\_\_\_

Address: \_\_\_\_\_ phone: \_\_\_\_\_

Parent's name: (if participant is under 18) \_\_\_\_\_

Emergency Contact Name and phone#: \_\_\_\_\_

Who is the party for? \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

RSVP: \_\_\_\_\_

**Waiver and Release :** I fully understand that Kingdom Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby authorize and release Kingdom Gymnastics to render temporary first aid to my child, or to myself, in the event of any injury or illness, and if deemed necessary by Kingdom Gymnastics staff, to seek additional medical help and/or call an ambulance. I am aware that by taking part in Open Gym or birthday parties, or other special events, that my child, or myself, will be engaging in physical activities that could cause injury. I agree that I am voluntarily, or my child is voluntarily participating in these activities and I am assuming all the risks of injury, including total disability, paralysis and even death that might result. I hereby agree to waive any claims or rights against Kingdom Gymnastics, LLC and it's staff for any liability, loss, costs, damage, medical expense, long-term care, emotional distress or compensation that might incur as a result of these activities.

Signature of parent/guardian \_\_\_\_\_ date: \_\_\_\_\_