

**Kingdom Gymnastics, LLC**

2000 Memorial Drive  
PO Box 326  
St. Johnsbury Center, VT 05863

**Birthday Party - Open Gym - Special Event Release Form**

Name of participant: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Do you authorize Kingdom Gymnastics to use the images of the student/parents, both with and without name identification, for Kingdom Gymnastics publicity, promotional and advertising purposes? YES NO

**Rules and Obligations:** No one under 18 will be allowed to leave the gym to wait for their ride. All participants who enter the gym area for a birthday party or Open Gym, MUST sign a release form. Proper clothing must be worn; no jeans with snaps or zippers; no jewelry, no socks can be worn on the tumble track or balance beams. No food allowed beyond the waiting area. All participants are obligated to follow safety rules. Kingdom Gymnastics reserves the right to ask a participant to leave the gym area, if safety rules are being consistently violated. No refunds will be given. Children 5 and under must be accompanied and supervised by a parent during Open Gym.

**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: \_\_\_\_\_

Signature of participant who is over 18: \_\_\_\_\_ date: \_\_\_\_\_