

# Kansas City Gymnastics

116 NW Plaza Drive  
Riverside, MO 64150  
(816) 741-8270

Please read carefully and sign.

Parent/Guardian \_\_\_\_\_  
relationship \_\_\_\_\_

Child's name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Member of KC GYM                      YES NO

## ASSUMPTION of RISK and WAIVER of LIABILITY

As legal guardian of \_\_\_\_\_ (child), I agree that KC Gymnastics, along with the employees, agents, officers, and directors of the organization shall not be liable for any injuries, losses, or damages occurring as a result of my child's participation in gymnastics, or a birthday party, except where such injury, loss, or damage is the result intentional or reckless conduct of the organization or individuals identified above and I hereby waive and release any and all claims which may be made against KC Gymnastics. Although accidents are rare, I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, even death, as well as damages associated with participation.

As a legal parent or guardian of the participant, I hereby verify by my signature that I fully understand and accept each of the above conditions for permitting my child to participate in gymnastics and /or a birthday party at KC Gymnastics.

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE