BIRTHDAY PARTY WAIVER

TNT KID'S FITNESS & GYMNASTICS ACADEMY

ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL AUTHORIZATION

In consideration for allowing my child(ren) to use these facilities, I, on my behalf of my child(ren) and as legal parent/guardian, I recognize what potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling & trampoline, birthday parties, special events & activities including inflatables, camps, parent participant activities and any and all other programs offered at TNT Kid's Fitness & Gymnastics Academy. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all TNT Kid's Fitness & Gymnastics Academy programs and activities and I ACCEPT ALL RISKS associated with that participation. By your attendance in class or events at TNT, you are granting your permission for you and your child to be filmed, videotaped, audio taped, or photographed by a means and are granting full use of your likeness, voice, and words without compensation. In the event of an emergency I would like my below mentioned child(ren) to be taken to a hospital for medical treatment and I hold TNT Kid's Fitness & Gymnastics Academy and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for TNT Kid's Fitness & Gymnastics Academy**. I have read and understood this ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION.**

Birthday Party Child:

Printed Name of Participant (Child): _____

Printed Name of Parents or Guardian: _____

Signature of Parent or Guardian: _____

Address: _____

_____ Phone: _____

Birthday Party Participants: I do hereby verify that I fully understand and accept each of the above conditions for permitting my child to participate at TNT Kid's Fitness & Gymnastics Academy.

Child's Name (printed)	Parent Name (printed)	Parent Signature	Phone #