You're Invited!!

KMC Dance & Gymnastics
912 W. Cypress Street
Kennett Square, PA 19348
610-444-4464

For directions visit our website at:
kmcgymnastics.org

TO A DANCE PARTY AT KMC!

For: _____

Date: _____

Time: _____

RSVP: _____

Club Waiver and Release Form
I fully understand the KMC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the KMC staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the KMC staff to call a physician and to seek medical help, including transportation by an ambulance to a health care facility or hospital (specify preferred facility_____.) I hereby authorize and consent to first aid, x-rays, medical or surgical diagnosis or treatment and hospital care.

Parent or Guardian
Signature:_____
_____**Date**_____/_____/_____

We, the staff of KMC recognize our obligation to make our students and their parent aware of the risks and hazards associated with the sport of gymnastics, tumbling, trampoline, Cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Dance, Gymnastics, Tumbling, Trampoline and Cheerleading can be dangerous and can lead to injury!
Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.
KMC, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance or cheerleading instruction, or open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.
With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by KMC. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against KMC and or its representatives whether paid or volunteer.
I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. Insurance carrier
_____
policy #_____
I also understand that it is the parents' responsibility to warn the child about the dangers of dance & gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. KMC will warn the child through "Safety Messages" and our teaching style and progressions.

Parent or Guardian Signature: _____**Date**
_____/_____/_____