



KMC GYMNASTICS & DANCE
912 W. CYPRESS STREET
KENNETT SQUARE, PA
19348
610-444-4464

For: _____
Date: _____
Time: _____
RSVP: _____

Party!

TO A GYMNASTICS

Club Waiver and Release

I fully understand the KMC staff member's 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/ren in the event of an 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 (specific preferred facility _____.) I hereby authorize and consent to first aid, x-rays, medical or surgical diagnosis or treatment and hospital care.

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, cheer, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, tumbling, trampoline, and cheerleading can be dangerous and lead to injury. Parents should make their children aware of the possibility of injury and encourage their children to follow ALL of the safety rules and 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 cheer instruction, open workouts, in the course of any exhibition, competition, or clinic in which he or she participates or while traveling to and 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/ren 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/ren may have against KMC and/or its representatives whether paid or volunteer. I also affirm that I now have the and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my childs protection. I also understand that it's in the parents responsibility to warn the child about the dangers of 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.

Participant _____
Insurance Carrier: _____
Parent/Guardian Signature: _____
Date: _____



YOU'RE

Invited!

