

Fit Kids Inc.

350 Metts Drive * Lebanon, KY 40033

ASSUMPTION OF RISK, WAIVER OR LIABILITY, MEDICAL AUTHORIZATION

As Legal Guardian of _____ (child) or as an

Adult Participant _____ (myself), I recognize that potentially severe injuries, including but not limited to catastrophic injury, permanent paralysis, or death can occur in sports activities involving heights or motion, including but not limited to gymnastics, tumbling, trampoline, cheerleading, sports conditioning, and general fitness. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any Fit Kids Inc. program and activity, and I accept ALL RISKS associated with that participation.

In consideration for allowing my child to use the facility, I on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby covenant NOT TO SUE and FOREVER RELEASE Fit Kids Inc., its officers, directors, or employees.

IN THE EVENT OF AN EMERGENCY, I would like my above mentioned child or myself to be taken to a hospital for medical treatment and I HOLD Fit Kids, Inc. 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 myself or my child as a result of any injury sustained while participating at Fit Kids Inc.

I HAVE READ AND UNDERSTAND THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION AND I VOLUNTARILY AFFIX MY NAME IN AGREEMENT.

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE