



**100 Warehouse Road, Lebanon, KY 40033**

**ASSUMPTION OF RISK, WAIVER OR LIABILITY, MEDICAL AUTHORIZATION**

**As Legal Guardian of(child)**  \_\_\_\_\_

**Or as an Adult Participate**  \_\_\_\_\_

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 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 represent 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 VOLUNT**

**Childs Name:** \_\_\_\_\_

**Parent or Legal Guardian Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address** \_\_\_\_\_

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

\_\_\_\_\_  
**DATE**