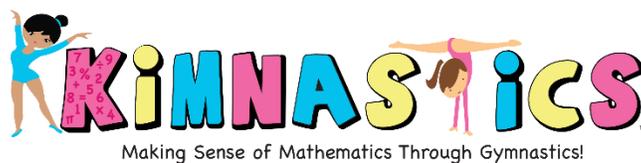


Acknowledgement of Risk, Waiver of Liability, Permission to Treat, and Media Release

I hereby give permission for my child/children to participate in programs/events conducted by Kimnastics, LLC. I understand that it is my responsibility to carry my own accident and medical insurance. In the event of an injury or accident, I authorize customary medical treatment if it becomes necessary, and transportation and emergency medical services if warranted. The enrolled child can participate in the sport of gymnastics and engaging in the subject of mathematics, face to face, or online, and have had a physical within the last (12) twelve months. Any activity involving motion, tumbling, height, swinging, etc... involves the possibility of serious, permanent, or fatal injury. I understand the risks of participating in the sport of gymnastics, and other physical activities, and therefore, in consideration for allowing my child/children to use Kimnastics' equipment, materials, and the chosen facilities' equipment and materials, I hereby forever release Kimnastics LLC., it's owners, officers, employees, teachers and coaches from all liability for any and all damage and injuries suffered by my child/children while under the instruction, supervision or control of Kimnastics, LLC. I hereby authorize Kimnastics, LLC. to use photographs, videos, or electronic likeness of my child in any publication or website promoting or advertising Kimnastics, LLC. I do hereby forever release all claims against Kimnastics, LLC. for the use of any of the video images and photographs as described above. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Child's First & Last Name (Please Print)	School & County
Parent/Guardian Name (Please Print)	
Email:	
Signature of Adult or Parent/Guardian	Date





Participants Name: _____

**Assumption of the Risk and Waiver of Liability Relating to
Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of large groups of people.

Kimnastics has put in place preventative measures to reduce the spread of COVID-19; however, Kimnastics **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending Kimnastics could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by COVID-19 by attending Kimnastics and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Kimnastics may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Kimnastics employees, volunteers, and program participants including their families.

I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury to my child(ren), or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, or my child(ren) may experience, or incur in connection with my child(ren)'s attendance at Kimnastics, or participation in Kimnastics programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Kimnastics, its employees, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Kimnastics, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Kimnastics' program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian Name of Kimnastics Participant(s)

