



Individual Waiver

TNT Kid's Fitness & Gymnastics

ASSUMPTION OF RISK, WAIVER OF LIABILITY: In consideration for allowing my child(ren) to use these facilities, I, on my behalf of my child(ren) and as legal parent/guardian, I recognize what potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling & trampoline, birthday parties, special events & activities including inflatables, camps, parent participant activities and any and all other programs offered at TNT Kid's Fitness. I further recognize that participation in these activities could result in my child(ren)'s exposure to illness and communicable diseases including but not limited to MRSA, influenza, and COVID-19. Preventative measures and personal discipline may reduce the risks of exposure, however, I understand the risk of serious illness including death does exist. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all TNT Kid's Fitness programs and activities and I ACCEPT ALL RISKS associated with that participation.

PHOTO RELEASE: By your attendance in class or events at TNT, you are granting your permission for you and your child(ren) to be filmed, videotaped, audio taped, or photographed by any means and are granting full use of your likeness, voice, and words without compensation.

TRANSPORTATION: In the event that transportation is provided to an activity at TNT Kid's Fitness, I hereby give permission for my child(ren) to travel to and from those activities in the vehicle provided and agree not to hold TNT Kid's Fitness, its directors, officers, agents, or employees liable for any accident or injury suffered or contracted in connection with such travel.

MEDICAL: In the event of an emergency I would like my below mentioned child(ren)/ward to be taken to a hospital for medical treatment and I hold TNT Kid's Fitness 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 my child ward as a result of any injury sustained while participating at or for TNT Kid's Fitness.

Child/ Ward Name: _____

Parent/ Guardian Name: _____

Phone Number: _____

Email Address: _____

**I have read and understood this
ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION.**

Parent/ Guardian Signature: _____ Date: _____