



Join Us For a Birthday Party!



ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL AUTHORIZATION

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. 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. By your attendance in class or events at TNT, you are granting your permission for you and your child to be filmed, videotaped, audio taped, or photographed by a means and are granting full use of your likeness, voice, and words without compensation. In the event of an emergency I would like my below mentioned child(ren) 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 as a result of any injury sustained while participating at or for TNT Kid's Fitness. I have read and understood this ASSUMPTION OF RISK, WAIVER OF LIABILITY & MEDICAL AUTHORIZATION.

For: _____

When: _____

Where: TNT Kid's Fitness & Gymnastics

Address: 2800 Main Ave., Fargo

RSVP: _____

Phone: _____

Please bring this invitation with you to TNT Kid's Fitness & Gymnastics at party time. No birthday party children can participate without the waiver information signed. Thank You!

Special Note: T-Shirts, tanks, shorts, or sweats are considered proper attire.

Important: NO buckles, snaps, zippers, or jewelry please. Long hair should be pulled back and secured off the face.

Participants Name

Parent's Name Phone/ Cell

Address City State Zip

Parent/ Legal Guardian Signature Date