

CATS Gymnastics Participation Agreement Form—REQUIRED Please fill out this form and bring it with you the day of the party. All participants are REQUIRED to have a completed consent from their parent(s) or legal guardian(s) prior to participation. Guests that arrive without this form will be denied participation. Child Name: _____ D.O.B. _____ 2nd Child's Name: _____

_____ D.O.B. _____ 3rd Child: _____ D.O.B. _____ 4th Child: _____ D.O.B. _____ Parent(s) Name: _____

_____ Emergency Contact #: _____ Address: _____ City: _____ State: _____

_____ Zip: _____ Email: _____ Waiver: To the best

of my knowledge, my child(ren) is/are now in good health and physically capable of participating in the program(s) offered by CATS Gymnastics of Wellington. I will allow my child(ren) into the gym if suffering from any respiratory, infectious or contagious illness or disease. I understand that if such an illness is apparent, my child(ren) will be removed from the gym for that day. I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, party games and related activities, Being fully aware of these dangers, I voluntarily consent for my child(ren) to participate in all CATS programs and accept all risks associated with that participation. In consideration for allowing my child(ren) to use these facilities, I, on my own behalf and the behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby forever release and covenant not to sue CATS, its officers, directors, shareholders, employees, volunteers, and all others associated with the corporation(s) from all liability for any and all damages and injuries suffered by my child(ren) or myself while under all instruction, supervision, or control of CATS. I hereby agree to individually provide for all present and possible future medical expenses, which may be incurred by my child(ren) or myself as a result of any injury sustained while participating at or for CATS. I understand and agree that in the interest of safety and enjoyment for all, CATS reserves the right to remove any participant(s) or non-participant(s) from any and all programs should his/her behavior become disruptive, inappropriate or cause a threat to the safety of others or one's self. If a participant is suspended or expelled from CATS, fees are not refunded. I also understand that CATS retains the rights to use and photographs, videotapes, motion picture recordings, or any other record of events for publicity, advertising, or any legitimate purposes. I have read and understand this acknowledgement of risk and waiver of liability and I voluntarily affix my name in agreement.

Parent or Legal Guardian's Signature: _____ Date: _____

Medical Insurance Company: _____