



KIDS CLUB AFTER-SCHOOL

WAIVER & RELEASE

TUMBLE-JUNGLE

206 N. West Street

Wichita, KS 67203

316.712.3445

monkeybusinessgym@gmail.com

Ages 1 - 12

www.tumble-jungle.com

Required before participation

Name of Child:	School:
Date of Birth:	Current Member: Yes or No
Parent/Guardian Name:	Parent/Guardian Cell #:
Residence Address:	Email:
Name of Emergency Contact:	Emergency Contact Cell Phone
<input type="checkbox"/> I would like more information on Tumble-Jungle: ___Gymnastics, ___Summer Camp, ___Birthday Parties/Events	

If applicable, please list any medical or physical concerns regarding your child that you would like our facility to be aware of:

ASSUMPTION OF RISK, WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION

As legal guardian of the child listed above, hereafter, child(ren) I recognize the potential of injuries that can occur during physical activity. Being fully aware of these dangers, I voluntarily consent and ACCEPT ALL RISKS associated with the participation of the aforementioned person(s) participating, as well as myself, in any and all Tumble-Jungle programs and activities. In consideration for allowing me and my child(ren) to use these facilities, I, on my behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Tumble-Jungle, its officers, directors, employees or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of Tumble-Jungle, including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, employees, or agents. In the event of an emergency, I would like my above-mentioned child(ren) to be taken to a hospital for medical treatment and I hold Tumble-Jungle 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 me or my child as a result of any injury sustained while participating at or for Tumble-Jungle. By attending this birthday party listed above, I am granting Tumble-Jungle the permission for my child to be filmed, videotaped, audiotaped or photographed by any means and are granting full use of your likeness, voice, and words without compensation. I have read and understood this ASSUMPTION OF RISK, WAIVER OF LIABILITY and MEDICAL AUTHORIZATION. I VOLUNTARILY affix my name in agreement.

Parent / Guardian Signature X _____ Date X _____