

**Kawartha Gymnastics Club
Participant Waiver - BIRTHDAY**

Participant's name:	Address:
Tel #:	BIRTHDAY PARTY
Cell #:	

RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT
By signing this document you will waive certain legal rights, including the right to sue.
PLEASE READ CAREFULLY

AWARENESS AND ASSUMPTION OF RISK

I am aware that gymnastics involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of Kawartha Gymnastics Club, its directors, officers, officials, volunteers, other participants and owners of the facilities where the activities occur (referred to in the rest of this agreement as Kawartha Gymnastics Club and others). I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income. KGC reserves the right to cancel classes due to weather or other unforeseen circumstances and there will be no refund or make up for those classes.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Kawartha Gymnastics Club accepting my application to participant in this activity, I agree:

1. To waive any and all claims that I may have in future against Kawartha Gymnastics Club and others.
2. To release the Kawartha Gymnastics Club and others from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. To hold harmless and indemnify Kawartha Gymnastics Club and others from any and all liability for any damage to property of or personal injury to, any third party, resulting from my participation in this activity
4. That this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns.

I have read this agreement and understand it. I am aware that by signing this document I am waiving certain legal rights which I or my next of kin, heirs, executors, administrators and assigns may have against Kawartha Gymnastics Club and others.

Name of Participant (parent/guardian if under 18 years):	Date: dd/mm/yy
Signature of Participant (parent/guardian if under 18 years):	