

**K.I.P.S. Gymnastics, Inc.**  
**463 W 2nd Ave**  
**Colville, WA 99114**  
509-684-5138  
[kipsgym@gmail.com](mailto:kipsgym@gmail.com) / [kipsgymnastics.net](http://kipsgymnastics.net)

## **Birthday Party Waiver/Release Form**

Please fill out and return with non-refundable deposit 2 weeks before the date of the party! Without a deposit, we will not reserve the spot.

I, the parent/legal guardian of: \_\_\_\_\_  
a minor child or children, understand there are physical risks associated with gymnastics and the physical play involved in a birthday party or special event at K.I.P.S. Gymnastics. I release K.I.P.S. Gymnastics, Inc, its officers, and employees from any liability occurring during my child's participation in events at K.I.P.S.

1st Child \_\_\_\_\_ D.O.B. \_\_\_\_\_

2nd Child \_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone: \_\_\_\_\_ Member: Yes / No

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_