

K.I.P.S. Gymnastics, Inc.

467 W 2nd Ave · Colville, WA 99114 · 509-684-5138

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Parents Night Out · Waiver / Release & Payment Form

Friday, October 30, 2026 · 5:00 pm – 8:00 pm

\$30 early registration · \$40 at the door · per child

Please complete, sign, and return this form with payment attached. We are a cash or check only business. Spots are not guaranteed without early registration and payment. Door price applies if space remains. Make checks payable to K.I.P.S. Gymnastics, Inc.

I, the parent/legal guardian of the child or children named below, understand there are physical risks associated with gymnastics and the physical play involved in Parents Night Out and other special events at K.I.P.S. Gymnastics. Activities may include gym play, Halloween games, pizza, and a movie (Halloweentown). Costumes are welcome. K.I.P.S. is not responsible for lost, missing, or damaged costumes, accessories, or personal items.

I release K.I.P.S. Gymnastics, Inc., its officers, and employees from any liability occurring during my child's participation in this event. I agree to pick up my child by 8:00 pm, or to name an authorized adult below who will. If I cannot be reached in an emergency, I authorize K.I.P.S. staff to seek emergency medical care for my child. I understand I am responsible for any resulting medical costs.

Children attending

List every child. Note allergies, especially food.

Child name	Date of birth	Allergies / notes
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Parent / guardian

Name: _____ Member: ☐ Yes ☐ No

Phone: _____ Emergency phone: _____

Email: _____ City / ZIP: _____

Address: _____

Authorized pickup

Child will be released only to the parent above or the adult listed here.

Name: _____ Phone: _____

Payment — attach cash or check to this form

Children: _____ ☐ \$30 early ☐ \$40 door Amount enclosed: \$ _____ per child

Cash ☐ Check ☐ Check #: _____ Payment is attached to this form. Payable to K.I.P.S. Gymnastics, Inc.

I have read this waiver and agree to its terms. I am the parent or legal guardian of the children named above.

Parent/guardian signature: _____ Date: _____

Printed name: _____

OFFICE USE

Received by: _____ Date: _____ Amount: \$ _____ Cash / Check

Check #: _____ Spot confirmed: ☐ Yes Notes: _____