

K.I.P.S. Gymnastics, Inc.
467 W 2nd Ave
Colville, WA 99114
509-684-5138
kipsgym@gmail.com / 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: _____