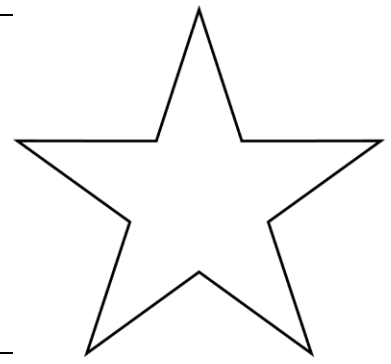


STARS TUMBLING



Tumbler's Health History

Parent's Names _____

Child's Last Name _____ Child's First Name _____

Phone Number _____ Street Address _____

City _____ State _____ Zip code _____ Age _____ Gender: M or F

Birth date _____ Email _____

Please list ALL Allergies: _____

Please circle ALL that APPLY:

MS High Blood Pressure Osteoarthritis Rheumatoid Arthritis Scoliosis

Asthma Seizures Mental Illness A.D.D. Hepatitis HIV/AIDS Diabetes

Muscular Dystrophy

Other (Please List): _____

List any major injuries your child has had recently or had in the past: _____

List any surgeries major or minor your child has had recently or had in the past: _____

WAIVER AND RELEASE OF LIABILITY

In consideration of being permitted use of Kings Fitness For Life, Halifax, PA facilities and equipment (hereafter known as the facility/facilities), on behalf of myself, my family, my heirs, and my assigns, I HEREBY RELEASE THE FACILITY, ITS OWNERS, OFFICERS, EMPLOYEES, INSTRUCTORS, AND AGENTS FROM LIABILITY FOR ANY INJURY, DEATH, OR LOSS SUFFERED BY MY CHILD _____ (THE PARTICIPANT), resulting from or relating to my child's use of the facility, equipment, or in any associated with the participating in any and all facility activities now or in the future, resulting from ordinary negligence of the facilities, its agents, or its employees.

By the execution of this agreement, I ASSUME FULL RESPONSIBITLY FOR ANY AND ALL INJURIES, DAMAGES OR LOSSES which may occur to my child (including loss and or theft of personal property) as a result of NEGLIGENCE on the part of the facility or its employees, in, on or about the facilities. I affirm that there are INHERENT RISKS to my child in all facility activities, that I am aware of and appreciate these risks, and I ASSUME ALL RESPONSIBILTY FOR PERSONAL INJURY, DEATH, OR LOSS, resulting from any and all injuries.

I also agree to have my child's photo in the gym, facebook, and for advertising purposes associated with STARS tumbling.

Witness _____ Signature of Parent or Legal Guardian _____ Date _____