



Release Form

Kid's Name: _____

Date of Birth: _____ **Grade:** _____

Parent 1 Name: _____ **Cell Phone (1):** _____

Parent 2 Name: _____ **Cell Phone (2):** _____

Address: _____ **Zip Code:** _____

Email (1): _____

Email (2): _____

Release of Liability/Assumption of Risk: The undersigned participant or parent/guardian, in consideration of participation in the program, activities indicated on this form, agrees to indemnify and hold harmless the Jewish Community Center/Kim's Gym, its representatives, its successors, and assigns and releases the same from any and all liability for an injury or illness which may be suffered by the participant, name herein, arising out of, or in any way connected with the program or activity indicated and assumes the risk for such injury or illness. I further agree to abide by all JCC/Kim's Gym procedures and policies.

Total payment must accompany registration. Until full payment is received you are not considered enrolled in the program and/or class. Late registration is accepted for a pro-rated cost if space permits. A 48 hour cancellation must be given in order to receive a full refund. NO REFUNDS after the 2nd class., and there will be no refunds of the registration fees/team fees at any point.

Signature: _____

Permission to Post Photos: I do give Kim's Gym permission to display photos of my child (without names).

Signature: _____