

# Kidtastics, LLC Consent & Waiver Form For Parties & Lifeguard Services

Please read this form carefully before signing.  
This form is a release of liability and waiver of certain legal rights.

## Informed Consent And Waiver/ Release Form

I, (please print your name) \_\_\_\_\_, the owner of the home, located at \_\_\_\_\_ understand, agree, and acknowledge that there are risks inherent in the sports activities conducted by Kidtastics, LLC, including, but not limited to paralyzing injuries, brain injuries and death. These activities may be of a hazardous nature and/or may include activities such as swimming, diving, dance, gymnastics, cheerleading, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state, that there are no apparent health conditions of my son(s)/daughter(s), friends and/or relatives participating in the programs conducted by Kidtastics, LLC.

I am responsible for any accident, illness, injury or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, diving, dance, gymnastics, cheerleading, fitness, and a variety of strenuous exercise, vigorous physical activities and/or running directly or indirectly from my son(s)/daughter(s), friends, and/or relatives participation in the aforementioned programs and occurring during said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of Kidtastics, LLC, their officers, agents, managers, supervisors, or employees while such activities are being conducted at my residence (listed above).

Home Owner's Signature \_\_\_\_\_ Date : \_\_\_\_\_

Home Owner's Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_ Event Date \_\_\_\_\_

Event Location \_\_\_\_\_ Event Type \_\_\_\_\_ Event Time \_\_\_\_\_

Please make checks payable to Kidtastics, LLC and send this form, and payment to: **Kidtastics 8485 E. McDonald Drive #243 Scottsdale, AZ 85250.** Note: there is a \$25 charge on all returned checks.

### Cancellations & Refunds

Cancellation by an individual will result in a 75% refund until 48 hours prior to the event; at which time no refund is available.

I have read and understood, and I agree with the informed consent and waiver/release outlined in the above paragraph as it relates to my son(s)/daughter(s), friends, and/or relatives.

Parent Printed Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date : \_\_\_\_\_

Please return this form by emailing it to [SoFun@kidtastics.com](mailto:SoFun@kidtastics.com) or by faxing (480) 994 - KIDS (5437).

You can also find out more information about Kidtastics, LLC and all our programs by visiting us at: [www.kidtastics.com](http://www.kidtastics.com)