



**TOP CITY ATHLETICS (KARDIO KIDS, INC.)  
ALL STAR CHEER AND DANCE AND TUMBLE TRAMPOLINE  
TOPEKA, KANSAS**

Assumption of Risk – Waiver of Liability – Medical Authorization – 30 Day Written Notice Requirement

CHILD'S NAME: \_\_\_\_\_

Please read carefully, sign and return to Top City Athletics (Kardio Kids, Inc.) immediately. Participation is not permitted without first submitting a completed form for each child to Top City Athletics (Kardio Kids, Inc.)

ASSUMPTION OF RISK:

As legal guardian of \_\_\_\_\_, hereafter, child (ren), I recognize what potentially severe injuries; including permanent paralysis or death can occur in sports or activities involving height or motion. Including, but not limited to gymnastics, tumbling, trampoline, dance and cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Top City Athletics (Kardio Kids, INC.) programs and activities and I ACCEPT ALL RISKS associated with that participation.

WAIVER OF LIABILITY:

In consideration for allowing my child(ren) to use these facilities, I, on behalf of my child (ren) and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Top City Athletics (Kardio Kids, Inc.), its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child (ren) while under the instruction, supervision or control of Top City Athletics (Kardio Kids, Inc.) including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

MEDICAL AUTHORIZATION:

In the event of an emergency I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold Top City Athletics (Kardio Kids, Inc.) and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child (ren) as a result of any injury sustained while participating at or for Top City Athletics (Kardio Kids, Inc.).

30 DAY WRITTEN NOTICE REQUIREMENT:

I also understand I must give a written notice at least 30 days prior to ending classes or training with Top City Athletics (Kardio Kids, Inc.). I am aware that if written notice is not received 30 days prior to ending classes or training I will be financially responsible for all fees due during this period until written notice is received.

I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION AND 30 DAY WRITTEN NOTICE REQUIREMENT. I voluntarily affix my name in agreement.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Child