



Gymkix is located at

815 E. Hwy 190 in Copperas Cove

(next to Dollar Tree across from HEB)

Directions are available at www.gymkix.com!

It's a super fun celebration at Gymkix and we're about to flip! Join us for this special party as we jump, tumble, and skip! Please dress comfortable and be ready to play - no jeans, dresses, or dangling jewelry, because those would just get in the way! With so much fun to be had, we need all kiddos under 4 to bring their mom or dad!

PLEASE SIGN AND BRING WITH YOU!

I, (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of GYMKIX, LLC from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of GYMKIX, LLC

I, the minor's parent and/or guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activities. I hereby release, discharge, covenant not to sue and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused, in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fee, loss liability, damage, or cost any may incur as the result of any such claim.

I, the minor's parent and/or guardian, understand that if my child requires maintenance medication or specific instructions for their disability/special need a trained parent or guardian must remain in the building during my child's class. I also understand that if my child has been medically diagnosed with a medical problem, disability or special need, I will need to have a doctor's release form before my child's first class.

Parent Name: _____ Phone: _____

Address & City: _____

E-Mail: _____

Signature of Parent/Guardian: _____

_____ Date: _____



Please complete the waiver on back and bring it to the party!

RSVP: _____

DATE: _____ TIME: 4:00 - 5:30

BIRTHDAY PARTY FOR

