

I/We, the parent(s)/legal guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [child’s name], hereby give my/our permission for our child to participate in the KiDsGyM USA® programs and all associated activities. I/We have reviewed, considered and understand the terms and conditions of this Release and are authorized to enter into this Release directly and on behalf of my/our child. I/We acknowledge that there are risks associated with the participation in such programs and activities and hereby assume directly and on behalf of my/our child, all such risks and hazards associated with the KiDsGyM USA® programs and related activities for as long as my/our child participates in KiDsGyM USA® programs and/or related activities.

**EMERGENCY AUTHORIZATION**

In the event of injury to the person of my child, I/We authorize KiDsGyM USA® and its instructors, supervisors, employees, agents and volunteers to take whatever measures as are deemed necessary for the treatment and protection of my/our child while in their care, including, without limitation, contacting EMS and other health care providers and authorizing transportation to, admission in and treatment by a health care provider.

**COVID-19 ACKNOWLEDGEMENT**

I further acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others and assume full responsibility for my participation and exposure.

**VIDEO AND PHOTOGRAPHY RELEASE**

I/We understand that my/our child’s photograph/video may be taken during the course of their participation in the KiDsGyM USA® program. \_\_\_\_\_ [check here] I/We hereby grant my/our permission for the resulting video and/or photograph to be used for any training and printing purposes.

PLEASE, DESCRIBE ANY MEDICAL, LEARNING, OR OTHER CHALLENGES OF WHICH WE SHOULD BE AWARE.

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Age of student Site

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Print Parent/Legal Guardian Name Parent Signature

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Phone No. Email address

Date*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*