



You're Invited to Celebrate

Birthday at Jump Around Gymnastics!

Date: _____

Time: _____

RSVP: _____

Place: 805 Burton Blvd. Unit C,
DeForest, WI 53532

All participants are required to complete a waiver

WAIVER, RELEASE, ACKNOWLEDEMENT OF RISK, AND INDEMNIFICATION AGREEMENT

Child's Name _____ Gender ____ Current Age ____ Birthday ____/____/____
Pre-Existing Medical Conditions of which we should be aware:

Parent _____ Parent's E-mail _____
Home # (____) _____ Work # (____) _____ Cell # (____) _____
Address _____ City _____ State _____ Zip _____
Emergency Contact _____ Telephone # (____) _____

WARNING: This agreement is legally binding. My signature indicates that I have read and understand this Agreement and voluntarily agree to its terms. In consideration of my child's participation, we are waiving the any claim or cause of action to recover compensation or obtain any other remedy for any present or future claims arising out of personal injury, property damage, and bodily injury of any kind arising out of my child's use of Jump Around Gymnastics facilities and equipment, and/or participation in classes, activities, and events of Jump Around Gymnastics, whether supervised or unsupervised, whether on or off Jump Around Gymnastics premises, or travel for the purposes of participating in any such program or event. I understand that this waiver extends to injuries incurred by any member of our family. (Initials ____)

I hereby release, protect, indemnify, and hold harmless Jump Around, including owner, employees, volunteers, affiliates, or other persons whom may be present at Jump Around from and against any and all losses, claims, causes of action, damages, costs, expenses, and liability in connection with any injury, illness, or death of any person or damage to any property (including all reasonable expense of litigation, court costs, and attorney's fees incurred in connection with my child arising out of the use of Jump around and I hereby waive any right against Jump Around Gymnastics. (Initials ____)

I understand that gymnastics, as a sport, has inherent risks. I hereby acknowledge and agree that the sport of gymnastics and the use of Jump Around Gymnastics facilities, equipment, classes, activities, and/or events have inherent risks, including catastrophic injury, death, paralysis, and that the mats and other safety equipment and apparatus provided for my protection may still leave my child vulnerable to the reckless actions of others at Jump Around Gymnastics. (Initials____)

I, the parent/guardian of the child named above, agree that he/she will abide by the rules of Jump Around Gymnastics. (Initials____)

I acknowledge that the child named herein is physically fit and mentally capable of performing the physical activity chosen. I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with my child's participation at Jump Around Gymnastics and have listed all pre-existing medical conditions above. (Initials____)

If I, or the emergency contact, cannot be reached, Jump Around Gymnastics may authorize medical care and treatment for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well begin of my dependent. I accept responsibility for all associated expenses. (Initials____)

I represent that I have legal capacity and authority to act on behalf of the child named herein.

Parent/Guardian Signature: _____ Date: _____

Waivers are good for one year.