



WAIVER/RELEASE FORM

****This form must be signed and returned before participant can enter the gymnasium****

PLEASE PRINT CLEARLY:

Participant(s):

1. Name: _____ Age : _____ DOB: _____

2. Name: _____ Age : _____ DOB: _____

3. Name: _____ Age : _____ DOB: _____

Medical Conditions we should be aware of? _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Preferred Hospital: _____ Physician: _____

Are you a Flyaways member? Yes / No

RELEASE OF ALL CLAIMS

In consideration of permission granted to my child(ren) by J & J Gymnastics, LLC to participate in gymnastics & related activities under their supervision, I hereby release and discharge J & J Gymnastics, LLC of Forest Lake, MN, it's and their agents, employees, officers, shareholders, directors, successors and assigns from any and all claims, demands, judgments and executions which the undersigned and/or the undersigned's child and/or the undersigned's family had may have, or claim to have, against J & J Gymnastics, LLC their agents, employees, officers, shareholders, directors, successors and assigns, for all personal injuries, property damage and other damages, known or unknown, real or personal, caused by or arising out of the above-described gymnastics or related activities. I further agree to indemnify and hold J & J Gymnastics, LLC and their agents, employees, officers, shareholders, directors, successors and assigns, harmless from and against any and all such claims, injuries or damages. I give permission to J & J Gymnastics, LLC to take whatever emergency (e.g. first aid, disaster evacuation) measures that are judged necessary for the care and protection of my child (ren) while under the supervision of the center. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at the expense of your primary medical coverage. It is understood that in some medical situations, the staff will need to contact the local emergency resource before notifying the parent, child's physician, and/or other adult acting on the parent's behalf. I, the undersigned, have read this release and understand its terms. I execute it voluntarily and with full knowledge of its significance.

WARNING! CATASTROPHIC INJURY, PARALYSIS OR DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF THIS ACTIVITY.

Parent/Guardian (Signature): _____ Date: _____