

THE GYMNASTICS SHOP

(Special Events Waiver)

PARENT OR GUARDIAN INFORMATION **PLEASE PRINT ALL INFORMATION CLEARLY**

Last Name: _____ First Name: _____

Contact Phone: _____ Email: _____

Emergency Contact: _____ Emergency Phone: _____

STUDENT INFORMATION **PLEASE PRINT ALL INFORMATION CLEARLY**

Child(ren) Name:	Birthdate:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

Any Medical History / Conditions We Should Know? _____

AGREEMENT AND RELEASE:

In consideration of The Gymnastics Shop and Jubas Inc. furnishing training and instruction for Student, we, the parents of student, hereby agree and do hereby release, remise and forever discharge The Gymnastics Shop and Jubas Inc. , its shareholders, employees, agents, officers, directors, attorneys, successors or assignees of and from all, and all manner of actions and causes of action, suits, debts, dues, accounts, bonds, covenants, contracts, agreements, promises, judgments, claims and demands whatsoever in law or in equity, especially arising out of or in connection with the furnishing of gymnastics instruction, services and training and recreational services and training supplied by The Gymnastics Shop and Jubas Inc. regarding Student, which against the said The Gymnastics Shop and Jubas Inc., its shareholders, employees, agents, officers, directors, attorneys, successors or assignees, the undersigned or Student ever or may have, for or by reason of any cause, matter or thing whatsoever. By the execution of this Agreement and Release, the undersigned hereby acknowledges and understands, since Student will be exercising or doing gymnastics or both at his or her own risk and since The Gymnastics Shop and Jubas Inc. no responsibility for any injuries or accidents which arise while Student is exercising or performing gymnastics or both at The Gymnastics Shop and Jubas Inc., it is extremely important that Student be in good health and physical condition since previous illnesses or injuries could be complicated by such physical exercise. THE UNDERSIGNED ARE FURTHER ADVISED TO CONSULT THEIR PERSONAL PHYSICIAN TO DETERMINE IF STUDENT SHOULD ENGAGE IN SUCH EXERCISE OR GYMNASTICS OR BOTH AT THE GYMNASTICS SHOP, PRIOR TO THE COMMENCEMENT OF SUCH EXERCISE OR GYMNASTICS PROGRAM.

Parent(s) Signature: _____ **Date:** _____

Insurance Company: _____ **Policy #:** _____

* I give The Gymnastics Shop permission to take pictures and/or videos of my child(ren) while practicing for use on their website/other social media. We understand that only our child(ren) first name will be used for privacy purposes. *

Yes, I give permission: _____ **Date:** _____

No, I do NOT give permission: _____ **Date:** _____