

J&R GYMNASTICS
830-606-0375
SPECIAL PROGRAMS WAIVER

Child's Name _____ M/F Birth date _____

Child's Name _____ M/F Birth date _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I hold J&R Sportsplex and staff harmless for any and all injuries arising out of participation during an event.

Signature of Parent/Guardian Date

If for some reason you have any apprehension about your child's safety, or for the safety of anyone under our care and control during involvement in our program, it is recommended that you do not allow your child to attend this function.

I, the minor's parent and/or guardian, understand the nature of these activities and minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. 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, 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 names above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fee, loss liability, damage, or cast any may incur as the result of any such claim.

Medical consent waiver: I, the undersigned parent or guardian of the above name child(ren), do hereby grant authority to the staff of J&R Sportsplex to render a judgment concerning medical assistance in the event of an accident or illness.

Liability waiver: I hold J&R Sportsplex, its teacher, staff and school harmless for any injuries arising out of participation in any and all classes, free play, meets, parties, or activities in and away from the gym.

I grant the staff at J&R Sportsplex the authority to discipline and direct my child at any and all times while on the premises.

I have read and understand the above information.

Signature of Parent or Guardian Signature of J&R Staff person Date