

JACKSONS GYMNASTICS OF ORLANDO 2017-2018

PRIMARY PARENT/GUARDIAN _____
ADDRESS _____
PRIMARY PHONE NUMBER _____
EMERGENCY CONTACT & NUMBER _____
INSURANCE INFORMATION _____
EMAIL ADDRESS _____
1ST CHILD _____ DOB _____
2ND CHILD _____ DOB _____
3RD CHILD _____ DOB _____

RELEASE AGREEMENT: STUDENTS ARE EXPECTED TO CARRY THEIR OWN ACCIDENT AND/OR MEDICAL INSURANCE. ANY ACTIVITY, SUCH AS GYMNASTICS, THAT INVOLVES MOTION AND/OR HEIGHT CREATES THE POSSIBILITY OF SERIOUS INJURY. ATHLETES, STUDENTS, AND PARENTS PARTICIPATING IN GYMNASTICS AND TUMBLING, SHOULD KNOW THEIR LIMITATIONS, UNDERSTAND WHAT IS EXPECTED OF THEM, APPRECIATE POSSIBLE RISKS, AND CONSULT THEIR INSTRUCTORS. I CERTIFY THAT, AS LEGAL PARENT/GUARDIAN, I DO CONSENT AND AGREE TO INDEMNIFY AND HOLD HARMLESS JACKSONS GYMNASTICS OF ORLANDO LLC., TO PROVIDE CUSTOMARY MEDICAL/ATHLETIC TRAINING ATTENTIONS AND EMERGENCY MEDICAL SERVICES AS WARRANTED IN THE COURSE OF MY CHILD'S PARTICIPATION IN JACKSONS GYMNASTICS OF ORLANDO LLC. I FURTHER AUTHORIZE TO EXECUTE THAT CONSENT REQUIRED IN CONNECTION WITH EMERGENCY MEDICAL SERVICES. I HEREBY RELEASE JACKSONS GYMNASTICS OF ORLANDO LLC., IT'S OFFICERS, EMPLOYEES AND AGENTS FROM AND AGREE TO INDEMNIFY THEM AGAINST ANY LIABILITY ARISING OUT OF THE EXERCISE OF THE AUTHORITY HERE GRANTED, EVEN IF THE INJURY IS CAUSED IN WHOLE OR IN PART BY THE ACTS, OMISSIONS OR NEGLIGENCE OF JACKSONS GYMNASTICS.

PARENT/GUARDIAN SIGNATURE _____ DATE _____
PARENT/GUARDIAN OF STUDENT ACKNOWLEDGES THEY ARE SIGNING ON BEHALF OF THEIR MINOR CHILD, WITH FULL UNDERSTANDING OF THE RISKS INHERENT IN GYMNASTICS AND TUMBLING.

Front Desk Only
Trial Date _____
Trial Class Title/Time _____