

Junglenastics

Waiver Form

Parents- please review and sign before your child participates

I am aware that participation in this sport will be a dangerous activity involving MANY RISKS OF INJURY. I understand the dangers and risks of participation include, but are not limited to, death, serious neck or spinal injury, which may result in paralysis, brain damage, serious injury to all internal organs, injury to bones, ligaments, muscles, tendons, and other aspects of my body. I understand the dangers and risks of playing or practicing may result not only in serious injury, but in serious impairment of future ability to earn a living, engage in business, and generally enjoy life.

Due to the dangers of the sport, I understand the importance of following the coaches instructions regarding technique, training and other rules, and agree to obey all instructions.

In consideration for allowing me (my child) to participate, I hereby assume all the risks associated with the sport and agree to hold Junglenastics, Inc. a.k.a. Jackie's Junglenastics Inc., Nichole Williams-Buhring, Lindsay Barrington it's employees/contractors/agents and also including Labron's Sportsplex and indoor batting cages (including all its employees/contractors/agents) harmless from all liability, causes of action, debts, claims, or demands of any nature whatsoever which may arise in connection with my participation in any activities related to Gymnastics. The terms hereof serve as a release and assumption of risk for my heirs, estate, and for all members of my family.

I, as a parent/legal guardian, have read the above warning and release and understand its terms. I understand the sport of Gymnastics involves many risks, including but not limited to those outlined above. I have reviewed these statements with my child, the participating student.

Gymnast NAME: _____

DOB: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

PHONE: _____

EMAIL: _____

