

GROUP PARTICIPATION WAIVER



- Birthday Parties
- Recreational & Competitive Classes
Tumbling, Trampoline, Dance, Cheerleading & Swimming
- Swim & Gyms
- Parent Night Out
- Adult Fitness Classes

www.jjchampions.com 815-239-1558

WAIVER MUST BE COMPLETED TO PARTICIPATE

I (We), the undersigned parent/guardian of the listed participant, do hereby grant the authority to the staff of J&J Tumbling, Trampoline, Dance & Swimming, LLC, to render judgment concerning medical assistance in the event of an accident, injury or illness. I (We) further authorize simple first aid, a medical or surgical diagnosis and treatment which may be deemed necessary.

By the very nature of the activity, swimming, dance, tumbling and trampoline and other sporting activities carry a risk of physical injury. No matter how careful the student and coach are, no matter how many spotters are used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes, and always includes, catastrophic injuries such as permanent paralysis or even death.

I hereby waive and hold harmless any and all J&J's staff and any other staff working in conjunction with J&J's and any and all facilities J&J's deems necessary to be associated with, whether paid or volunteer, for any injuries, claims or damage in conjunction with J&J's. I understand that as with an athletic activity that includes motion or height, participation creates the possibility of injury. I have read and understand the risks involved in my own, or my child's/ward's participation at J&J's. I hereby consent for the persons named and registered on this form to participate in programs at J&J Tumbling, Trampoline, Dance & Swimming, LLC.

I understand that NO ADULTS will be allowed in the gym or on equipment. The parent/guardian of the party person may be allowed to enter the gym for photo purposes only.

Today's Date: ____/____/____

1st Participant Name: _____

2nd Participant Name: _____

Birthday: : ____/____/____ Birthday: : ____/____/____

Address _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Parent/Guardian: _____

Signature: _____