

Jewart's Gymnastics

ASSUMPTION OF RISK AGREEMENT
AND WAIVER OF LIABILITY

For parties & special events at:
Jewart's Gymnastics/Climb North/Wildwood Adventures

Notice: This is a legal and binding agreement.

My child, (name) _____, has permission to attend a field trip/party at Jewart's Gymnastics/Climb North/Wildwood Adventures. I feel my child is mentally and physically capable to participate in the activities that will be conducted during this event.

Please check the activity that your child will be attending:

Gymnastics _____ Indoor Rock Climbing _____ Low Ropes Course _____ Combo _____

Please check the type of group your child is attending with:

Birthday Party _____ Field Trip _____ Church or Scouts _____ Other _____

Please list the name of your sponsoring group or birthday child: _____

I understand that during activities my child might use trampolines or apparatus that involves height and/or motion. I understand that such activities are dangerous and carry significant risk that could lead to catastrophic injuries or even death.

I hereby release Jewart's Gymnastics/Climb North/Wildwood Adventures and its owners, officer, employees, teachers and coaching staff from all liability for any and all damages and injuries suffered by me or my child while under supervision or instruction. In order to assure the safety of my child, myself and others, I attest that my child will follow the direction of the instructors/supervisors during this event.

I have thoroughly read this acknowledgement of risk and liability. **I understand and accept the content and intent, and voluntarily sign in acceptance.** By signing this agreement you give up your right to bring a court action to recover compensation or obtain any other remedy for any injury to you or your child arising out of the use of Jewart's Gymnastics, Climb North or Wildwood Adventures facilities now or in the future.

Parent or Legal Guardian's PRINTED name: _____

Signature: _____

Date: _____

PLEASE PRINT: Child's Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Parent's Home Phone: _____ Cell Phone: _____

Note: Please make instructors aware of any allergies that your child has.