

OPEN GYM/BIRTHDAY PARTY WAIVER FORM

(Please Have Parent Of Each Guest Fill Out And Sign This Form Prior To Coming For Open Gym/Party)

(TURN ALL FORMS FOR ALL GUESTS OVER TO YOUR INSTRUCTOR WHEN YOU COME FOR PARTY)

1) Guest Name: _____
2) Guest Name: _____
3) Guest Name: _____

Father's Name: _____
Address: _____
Home Phone: _____
Cell Phone: _____
E-Mail: _____
Employer: _____

Mother's Name: _____
Address: _____
Home Phone: _____
Cell Phone: _____
E-Mail: _____
Employer: _____

Emergency Contact (other than parent/guardian) _____ Phone: _____
Physician: _____ Phone: _____

Step Ahead Gymnastics

Waiver and Release of Liability

I fully understand that **Step Ahead Gymnastics** and **Jacksonville All Stars (JAS)** staff members are not physicians or medical practitioners of any kind. I hereby release **Step Ahead Gymnastics/JAS** staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by **Step Ahead Gymnastics/JAS** to seek medical help, including transportation by a **Step Ahead Gymnastics/JAS** staff member and/or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should **Step Ahead Gymnastics/JAS** staff deem this to be necessary.

We, the staff of **Step Ahead Gymnastics/JAS** recognize our obligation to make our students and their parents aware of the risks and the hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. **Gymnastics, Tumbling, Dance and Cheerleading can be dangerous and can lead to injury!** Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions. **Step Ahead Gymnastics/JAS**, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance, or cheerleading instruction, or open gym workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.

With the above in mind, and being, fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by **Step Ahead Gymnastics/JAS**. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against **Step Ahead Gymnastics/JAS** and/or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage that I consider adequate for both my child's protection and my own protection. I also understand that it is the parent's responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. **Step Ahead Gymnastics/JAS** will only warn the child through "Safety Messages" and out teaching style and progressions.

I, the Parent of Guardian of the listed child/children, underlining and consenting to all guidelines and stipulations listed above; do give permission for my child to participate in activities at Step Ahead Gymnastics/JAS.

Parent/Guardian Signature

____/____/____
Date