



JENNIE'S CHESAPEAKE GYMNASTICS CLUB, LLC.

**871 KEITH LANE UNIT 2
OWINGS, MARYLAND 20736
410-286-2646**

Acknowledgement of Risk and Waiver of Liability and Permission to Treat

I (We) _____ hereby give permission for my/our
Child _____ to participate in classes/events/parties
conducted at Jennie's Chesapeake Gymnastics Club, LLC. (JCGC).

I (We) _____ will review rules with my child and agree to
adhere to the terms and conditions. I will speak with my child about following the coaches
instructions and the safety measures put forth.

I (We) _____ agree to support and abide by the policies and
rules posted in JCGC.

I (We) _____ understand that it is my responsibility to carry
my own accident and medical insurance. In the event of an injury or accident, I (We)
_____ authorize customary medical treatment if it
becomes necessary and transportation and emergency medical services if warranted. The
participating child is capable of participating in the sport of gymnastics and has had a physical
within the last (12) twelve months. Any activity involving motion, tumbling, height, swinging, etc...
involves the possibilities of serious, permanent, or fatal injury.

I (We) _____ understand the risks of participating in the
sport of gymnastics and therefore, in consideration for allowing my child to use JCGC's equipment
and facilities, I (We) _____ hereby forever release JCGC, it's
owners, officers, employees, teachers and coaches for all liability, for any and all damage, and
injuries suffered by my child while under the instructions, supervision of control of JCGC, it's
owners, officers, employees, teachers, and coaches.

This acknowledgement of risk and waiver of liability, having been read thoroughly and
understood completely, is signed voluntarily as to its content and intent.

Date

Signature of Mother or Legal Guardian

Date

Signature of Father or Legal Guardian

Name if Child(ren) participating - Please Print