



Please complete, and return prior to first class:

Child #1 First Name: _____ Last Name: _____

Birth Date: ___ / ___ / ___ Age: ___ M / F Class _____ Allergies & Conditions: _____

Child #2 First Name: _____ Last Name: _____

Birth Date: ___ / ___ / ___ Age: ___ M / F Class _____ Allergies & Conditions: _____

Child #3 First Name: _____ Last Name: _____

Birth Date: ___ / ___ / ___ Age: ___ M / F Class _____ Allergies & Conditions: _____

Parent/Guardian #1 Name: _____

Home #: _____ Cell #: _____ Email: _____

Parent/Guardian #2 Name: _____

Home #: _____ Cell #: _____ Email: _____

Address: _____

Street

City

Zip

Medical/Liability Release and Terms of Service

I understand that all of the references to "my child" in this release are intended to refer to the child/ children whose names are listed above. I further represent that I am my child's Parent or Guardian and that I have full authority to authorize my child's participation in Jump Up Gymnastics programs and activities without the consent or approval of any other person or organization. I fully understand that my child will participate in gymnastics instruction at Jump Up Gymnastics a service provided by VeraVista, LLC.

I understand that this program involves many activities including rigorous physical exercise and I declare that my child is fit for these activities. I recognize the fact that any activity involving height and motion, including, gymnastics, creates the possibility of injury. I understand that Jump Up Gymnastics and its staff cannot provide any guarantee that my child will not be injured in the course of these activities. I further understand that Jump Up Gymnastics cannot provide any assurance that my child will achieve a particular benchmark of progress.

I hereby discharge Jump Up Gymnastics, VeraVista LLC, it's agents, officers, staff, and employees from all claims, demands, actions and causes of action of any sort, for injury sustained to my child's person and/or property, including the loss or theft of property, while participating in, preparing to participate in, and following participation in programs and activities offered by Jump Up Gymnastics.

I hereby agree to indemnify and hold Jump Up Gymnastics, VeraVista LLC, and its agents, officers, staff, and employees harmless from any cost, loss, liability or expense arising out of or in any way related to the injury or death of my child as a result of his or her participation in Jump Up Gymnastics programs and activities. If my child requires emergency care, I hereby authorize Jump Up Gymnastics, VeraVista LLC, its agents, officers, staff and employees to provide first aid and obtain care and treatment for my child without further authorization. I give permission to Jump Up Gymnastics to use images of my child taken during classes for marketing purposes unless explicitly forbidden. I understand that I must pay for classes before my child will be able to participate and that unpaid fees will prevent my child from participating in classes. I understand that students who have infectious illnesses or who are disruptive or pose a danger to other students or do not follow gym guidelines may also be prohibited from attending classes. I also agree to pick my child up promptly after each class has ended.

Parent/Guardian Signature: _____

Date: _____