



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 conducted at Jennie's Chesapeake Gymnastics
Club, LLC. (JCGC).

I (We) _____ have read the rules and policies handbook and have reviewed
them with my child and agree to adhere to the terms and conditions.

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

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
enrolled 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 instruction, supervision of control
of JCGC, it's owners, officers, employees, teachers, 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 of Gymnast