**ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY**

**By signing this waiver form, I hereby give my permission for my child/guardian to enroll as a student and participate in any gymnastics, acrobatics, cheerleading, tumbling & trampoline, or competitive-training program offered at the Jersey All-Star Gymnastics facility or at any site where my child is actively performing or training as a student or in a competitive event.**

**With my signature below, I forever release Jersey All-Star Gymnastics and any of its coaches, staff, manager, and/or any parent for any responsibility in case of accident, illness, or injury during my child’s enrollment.**

I further understand that any activity involving motion or physical activity creates the possibility of serious injury, including permanent paralysis and even death from landing or falling on the head or neck. Gymnastics requires certain bodily movements and rotations while in the air or using specific gymnastics apparatus. Gymnastics, Tumbling, Trampoline, Cheerleading, and Acrobatics all include skills associated with landing and can involve risks from minor injuries to catastrophic or life threatening injuries. No amount of instruction, spotting, or mats can guarantee safety.

In an emergency situation, I authorize any treatment by any accredited hospital and/or physician deemed necessary in case I, or any of the emergency contact persons listed on this form cannot be reached. I also understand that I am responsible for any medical expenses that may be incurred through my child’s participation in any activity at Jersey All-Star Gymnasium or while participating in an outside event as a member of the Jersey All-Star Gymnastics team.

**Gymnastic students are expected to have their own insurance. I certify that my child is currently covered under a valid insurance program.**

The following insurance carrier is currently effective and covers my child or children:

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Parent/Guardian Printed Name Date