



INSURANCE WAIVER FORM											
Today's Date:		Are you already in our system? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure									
Your First/Last Name:			Emergency Contact & number: (if different)								
Relationship to Child:											
Cell Phone:		Email:									
Home Address:		Street:									
		City:		State:		Zip:					
Child's Name		Child's Birthdate		Child's Gender		Event/Class & Day/Time (If Applicable)					
Any allergies, medications or special needs?											
How did you hear about us?				<input type="checkbox"/> Facebook		<input type="checkbox"/> Instagram		<input type="checkbox"/> Our Website		<input type="checkbox"/> Internet Search	
Were you referred by a friend?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Name:					

Please review the agreement below and initial next to each statement. Sign and date at the bottom.

Initials	AGREEMENT
	Risk of Injury I have been made aware the risks and hazards associated with the sport of gymnastics, trampolines, tumbling, cheerleading, dance, ropes course elements, and all other activities. Students may suffer injuries, possibly minor, serious, or catastrophic in nature, and/or including death. Parents will make their children aware of the possibility of injury and encourage their children to follow all safety rules and coach's instruction. The Gymnastics Unlimited, CampKidsNJ and/or Ninja Zone Staff will not accept responsibility of injuries sustained by any student through the course of instruction in gymnastics, trampolines, tumbling, cheerleading, dance ropes course elements, competitions, special events, camps/clinics, transportation and all other activities.
	Authorization for Medical Treatment I fully understand that Gymnastics Unlimited and/or CampkidsNJ staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Gymnastics Unlimited Staff to give first aid to myself, child or children in the event of any injury or illness, and if deemed necessary by staff to call a doctor or ambulance to seek medical help, including transportation by its representatives, whether paid or volunteer, to any health care facility or hospital. I also authorize the physician and/or hospital to perform treatment for any injury or illness to child, children or myself. I authorize payment for treatment, either personally or through our family health insurance.
	Photography Release I release myself or my child's photo or video to be used in any positive manner in association with Gymnastics Unlimited, CampKidsNJ and/or Ninja Zone. i.e. newspaper press releases, advertising, web page, etc. Permission is also granted to the studio to copyright such photographs in its name.
	Consent to Participate With the above in mind, and being fully aware of the risks and possibilities of injury involved, I consent to have myself or child participates in the programs provided by Gymnastics Unlimited, CampKidsNJ and/or Ninja Zone I, my executors, or other representatives, waive and release all rights to claims for damages that I or my child may have against Gymnastics Unlimited, CampKidsNJ and/or Ninja Zone 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, which I consider adequate for both my child's protection and my own protection. I also understand it is the parent's responsibility to warn the child about the dangers of injury. Gymnastics Unlimited, CampKidsNJ and/or Ninja Zone will only warn students through "safety rules" and our teaching style and progressions. Gymnastics Unlimited, CampKidsNJ and/or Ninja Zone reserves the right to cancel classes at any time for any reason.
	Infectious Diseases Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce the risk, the risk of serious illness and death does exist.
	Spotting I authorize my child's coach to utilize physical spotting methods.
As the legal parent or guardian, I release and hold harmless Gymnastics Unlimited, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Gymnastics Unlimited, its owners and operators or in route to or from any of said premises.	
Guardian Signature:	
Date:	