PARENTS' NIGHT OUT

_____from 7:00 to 10:30 PM

Child's Name(s): _____

Enrolled at Jill's? Yes ◯ No ◯

Emergency Contact: _____ Phone#_____

I understand that my child will be eating pizza, drinking Icees and participating in various gymnastics related activities:

Appreciation of Risk: By the very nature of the activity, gymnastics carries a risk of physical injury. No matter how careful the gymnast and coach are, no matter how many spotters used, no matter what height is used or what landing surface exists, the risk cannot be eliminated. The risk of injury includes minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. The risk also includes catastrophic injuries such as permanent paralysis or even death from landings or falls on the back, neck or head. I, _____, and my child are fully aware of and appreciate that gymnastics activity involves motion, rotation and/or height and, therefore, creates the possibility of serious accidental injury. I agree to assume liability for all medical costs and other damages resulting from injury to my child not occasioned by gross negligence or willful misconduct of an employee of Jill Brown's Gymnastics, Inc. Further, I agree to hold Jill Brown's Gymnastics, Inc. and its staff harmless from any liability occasioned by any such injury.

Medical Release Statement: I hereby give permission for my child to get emergency treatment if necessary, and I understand that I will pay the subsequent costs. I release and discharge any and all rights and claims against Jill Brown's Gymnastics, Inc. for any medical costs.

Signature: _____ Date: _____

Please list your medical insurance company and policy number. This information will enable Jill Brown's Gymnastics, Inc. to get your child medical treatment if necessary:

Medical Insurance Company: _____
Name on Policy: _____
Policy #: _____

Will you be the person returning to pick up your child? Yes ◯ No ◯

If not, who will be picking up your child? _____

I, _____, picked up this child at _____.
(Name & Relationship) (Date & Time)

_____
Signature