



RELEASE AND WAIVER OF LIABILITY

I, as the parent of the minor participant am satisfied with the conditions of the facilities and equipment. We fully understand and voluntarily accept that there are risks associated with the activity of gymnastics. IN CONSIDERATION of permitting the students listed below to enroll and participate in gymnastics at Paramount Gymnastics in the Township of Hillsborough, County of Somerset, and State of New Jersey, the undersigned agrees, for himself/herself, his/her heirs, executors, administrators and assigns, and voluntarily releases, discharges and promise not to sue Paramount Gymnastics or any of its officers, agents, servants, or employees for any and all claims for personal injury, property damage, or wrongful death occurring to himself/herself arising out of engaging (or receiving instruction) in said activity incidental hereto wherever or however it may occur and for whatever period the activities or instruction may continue.

I UNDERSTAND I AM ASSUMING ALL RISKS INHERENT IN GYMNASTICS WHETHER KNOWN OR UNKNOWN, AND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP MY RIGHT TO SUE PARAMOUNT GYMNASTICS.

I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THE ABOVE PROVISIONS and further agree that no oral representatives, statements, or inducement apart from this agreement have been made.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS.

Parent or Guardian's Name (Signature)

Date

Parent or Guardian's Name (Print)

Home Street Address

Home Telephone Number

City, State and Zip Code

Email Address

Cell Phone Number

Student #1 _____

Date of Birth _____

Student #2 _____

Date of Birth _____

Student #3 _____

Date of Birth _____

Student #4 _____

Date of Birth _____

*** This form must be signed and returned to *Paramount Gymnastics* before any student is allowed to participate in any class or open workout ***

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