



Rev. 06/07/12

Waiver of Liability

I DO NOT grant permission for Jumping Jack Sports to use photos taken of myself, parties mentioned, or not mentioned in marketing related media.

I would NOT like to receive emails from Jumping Jack Sports in regards to Special offers and upcoming events.

In Consideration of participation in any activity, event or class at Jumping Jack Sports in Ashburn, VA, the undersigned, on his or her behalf and on the behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

As an attendee of an event, activity or party at Jumping Jack Sports, I acknowledge that there are dangers and risks associated with the activities and agree to assume all risk of personal injury, including the potential of paralysis and death. In case of injury, death, disability or loss/damage of personal property, Jumping Jack Sports, its owners, members, officers or employees will not be held responsible.

I, for myself and the participants named below, agree to follow the safety instructions, both verbal and posted, provided and acknowledge that failure to do so may result in removal from Jumping Jack Sports. If I am aware of any hazards, whether by other members or equipment at the facility, I will alert an employee of Jumping Jack Sports immediately.

I, for myself and the participants named below, and our respective heirs, assigns, personal representatives and next of kin, hereby hold harmless Jumping Jack Sports, its owners, members, officers, employees and sponsoring agencies from all liability for any such personal injury, disability, death or loss of damage to person or property to the fullest extent of the law.



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Child Information

Child Name: _____
DOB: / /
Child Name: _____
DOB: / /
Child Name: _____
DOB: / /
Child Name: _____
DOB: / /

Parent/Guardian Information

Name:	_____
Address:	_____
City/State/Zip:	_____
Email:	_____
Emergency Contact:	_____
Emergency Phone:	_____
Signature:	_____

Child Information

Child Name: _____
DOB: / /
Child Name: _____
DOB: / /
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DOB: / /
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Emergency Phone:	_____
Signature:	_____