



WAIVER FORM FREE TRIAL CLASS

3950 Johns Creek Court | Suwanee, GA 30024

770.559.5430

www.JUMPTNT.net

How did you hear about us?

Date:

Parent Information: (please print clearly - first and last name)

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Email Address: _____

Home Address: _____ City: _____ Zip: _____

Student Information: (please print clearly - first and last name)

Student #1: _____ M F Birthdate: _____ Age: _____

What Class: _____ Circle Day: **M T W TH F SA** What Time: _____

Student #2: _____ M F Birthdate: _____ Age: _____

What Class: _____ Circle Day: **M T W TH F SA** What Time: _____

Student #3: _____ M F Birthdate: _____ Age: _____

What Class: _____ Circle Day: **M T W TH F SA** What Time: _____

Allergies/Medications/Special Instructions: _____

Assumption of Risk/Release of Liability

I understand that in any sport or activity the potential exists for injury, minimal to catastrophic. Being fully aware of these risks, I agree that my child(ren) is/are voluntarily participating in these activities and I assume all risks, losses, damages, or injuries. I hereby waive, release, discharge and/or otherwise forever hold harmless and indemnify Jump Kangaroo, LLC, d.b.a. Jump TNT, Ninja Zone, LLC, it's owners, officers, directors, coaches, employees, associated personnel, and volunteers from and against any and all demands, claims and causes of action arising, directly or indirectly, from my or my child's participation in any class, program, exhibition, competition, clinic or travel to or from any event in which the above named is involved.

Medical Emergencies

I hereby give permission to Jump TNT staff to render first aid in the event of any injury or illness. If Jump TNT staff are unable to reach a parent or guardian, they may seek medical assistance if deemed necessary and to transport to a medical facility or to call an ambulance. The parent or guardian also agrees that they themselves will be responsible for any financial debt incurred by said action.

Photo/Video Release

I understand that my child's photograph and/or video may be taken during the course of a special event. I hereby grant my permission for the resulting photograph and/or video to be used for any and all publicity, advertising, website, and printing purposes.

Signature: _____

Must be signed by student's legal parent/guardian ONLY. If student is 18 or older, they may sign for themselves.

By signing, I agree to the Assumption of Risk/Release of Liability, Medical Emergencies, and Photo statements above.

Registered after class? Yes No If No, Email Class Link Staff Initials _____ Date Sent: _____

Notes: