

USGTC SPECIAL EVENTS

PARENT OR GUARDIAN INFORMATION

PLEASE PRINT ALL INFORMATION CLEARLY

Last Name: _____ First Name: _____

Best Contact Phone: _____

Emergency Contact: _____ Emergency Phone: _____

STUDENT INFORMATION

PLEASE PRINT ALL INFORMATION CLEARLY

CHILD/CHILDREN'S NAME: _____ BIRTHDAY: _____

Any Medical History / Conditions We Should Know?

Signature required on back AGREEMENT AND RELEASE

In consideration of USGTC, Jubas Inc. furnishing training and instruction for Student, we, the parents of student, hereby agree and do hereby release, remise and forever discharge USGTC, Jubas Inc. its shareholders, employees, agents, officers, directors, attorneys, successors or assignees of and from all, and all manner of actions and causes of action, suits, debts, dues, accounts, bonds, covenants, contracts, agreements, promises, judgments, claims and demands whatsoever in law or in equity, especially arising out of or in connection with the furnishing of gymnastics instruction, services and training and recreational services and training supplied by USGTC, Jubas Inc. regarding Student, which against the said USGTC, Jubas Inc., its shareholders, employees, agents, officers, directors, attorneys, successors or assignees, the undersigned or Student ever or may have, for or by reason of any cause, matter or thing whatsoever.

By the execution of this Agreement and Release, the undersigned hereby acknowledges and understands, since Student will be exercising or doing gymnastics or both at his or her own risk and hold USGTC, Jubas Inc. no responsibility for any injuries or accidents which arise while Student is exercising or performing gymnastics or both at USGTC, Jubas Inc., it is extremely important that Student be in good health and physical condition since previous illnesses or injuries could be complicated by such physical exercise. THE UNDERSIGNED ARE FURTHER ADVISED TO CONSULT THEIR PERSONAL PHYSICIAN TO DETERMINE IF STUDENT SHOULD ENGAGE IN SUCH EXERCISE OR GYMNASTICS OR BOTH AT USGTC PRIOR TO THE COMMENCEMENT OF SUCH EXERCISE OR GYMNASTICS PROGRAM.

Parent(s) Signature: _____ Date: _____

Insurance Company _____ Policy # _____

* We give USGTC permission to take pictures and or videos of my child(ren) while practicing to use on their website or other social media. We understand our childs(ren) first name only will be used for privacy purposes. *

Yes I give permission: _____ Date: _____

I do NOT give permission: _____ Date: _____