



TNT Gymnastics & Fitness - Field Trip Waiver

(904) 998-8681 / TNTGYM.OFFICE@GMAIL.COM

2683 St. Johns Bluff Road South, Suite 107
Jacksonville, FL 32246

Child's Name: _____ Age: _____ DOB: _____

School / Organization: _____

WHAT TO WEAR

- Boys should wear soft sports clothing (no jeans, buttons, zippers, hoods) or boys gymnastics apparel.
- Girls should wear a leotard (preferred) or soft clothing (no jeans, buttons, zippers, hoods).
- No large bows, headbands, or hair accessories that can fall off or can obscure vision.
- Hair should be pulled neatly and securely away from the face so that it stays up for the entire workout.
- All students should be barefoot. No shoes or socks on the equipment.
- Personal items should be left in cubby holes.
- No Jewelry!
- The facility's staff will not be responsible for ANY items that may be lost or stolen. Be sure your student's personal items are marked with their name or left with their school / organization's leaders.

WAIVER RELEASE / CONSENT TO PARTICIPATE:

As a legal guardian of the participant signed up below, I hereby consent to the aforementioned person participating in TNT Gymnastics & Fitness Complex Inc., classes and activities. I recognize that potentially severe injuries, including paralysis, death or those as a result of having a preexisting condition, can occur in any activity involving height or motion, including gymnastics and related activities such as tumbling and trampoline. I understand that it is the express intent of TNT Gymnastics & Fitness Complex Inc., to provide for the safety of my child in consideration for allowing my child to use these facilities, whether located at 2683 ST. Johns Bluff Road South, Suit 107 Jacksonville FL. 32246 or any other location that instruction or activity is offered. I hereby forever release TNT Gymnastics & Fitness Complex Inc., it's officers, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of TNT Gymnastics & Fitness Complex Inc. As a legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses, which may be incurred by the child as a result of any injury sustained while training at, or performing for TNT Gymnastics & Fitness Complex Inc. This Acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent / Guardian Name: _____ Date: _____

Emergency Contact / Phone Number : _____

Email Address: _____