



Jersey Optional Gymnastics Association (JOGA) Athlete Waiver Form 2011-2012

Read the following carefully and sign below. NOTE: Parent/Guardian & Student must read and sign. Fill in all blanks, submit form bearing ORIGINAL signatures. (Photocopies or facsimiles are not acceptable.)

AGREEMENT

In consideration of my membership in JOGA and my participation in JOGA competitions, clinics, and any other official JOGA activities, I agree to be bound by each of the following:

1. **Eligibility:** I agree to comply with the rules of JOGA.

2. **Readiness to Participate:** I will only participate in those JOGA competitions, clinics, and any other official JOGA activities for which I believe I am physically and psychologically prepared. Prior to participation, I will have practiced my exercises and will perform only those exercises that I have accomplished to the degree of confidence necessary to assure I can perform them myself, and without injury.

3. **Medical Attention:** I hereby give my consent to JOGA and/or the JOGA Meet Host Organization to provide, through medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.

4. **Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events. I further agree that JOGA, and the sponsor of any JOGA event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above. I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of New Jersey and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of New Jersey.

5. **Parents Pledge:** I pledge to "Honor the Competition." I understand the importance of setting a good example for my child. No matter what others may do, I will show respect for all involved in the competition including coaches, gymnasts, judges, and the hosting gym.

I hereby verify by my signature below that I fully understand and accept each of the above conditions for participating myself or for permitting my child to participate in classes, events, competitions, and activities conducted by the Jersey Optional Gymnastics Association (JOGA).

(Print Full Name of Participant)

(Signature of Participant)

(Date)

(Club)

(Print Full Name of Parent/Legal Guardian)

(Signature of Parent/Legal Guardian)

(Date)

Once completed you must mail to the records keeper the following:

Ally McMahan – Competition Chair Person
3502 Buckingham Circle
Middletown, NJ 07748