

GRIT Adaptive Event Waiver
(September 1, 2025-August 31, 2026)

Group, School, or Class Name _____

Participant's Name _____ Birth Date _____

☐ Please check if this waiver is for a caregiver/staff member that is attending the outing

Emergency Contact Name _____ Relationship _____

Phone _____ Email (*if you'd like to receive GRIT Adaptive news) _____

***** INITIAL EACH SECTION AND SIGN ON THE BACK. DO NOT FORGET TO SIGN AND DATE. *****

Release of Liability/Waiver of Liability

I understand and acknowledge that activities conducted at Jam Hops and GRIT Adaptive, which include but are not limited to gymnastics, tumbling, trampoline, dance, theater, and JH XSports, impose risks which could result in permanent injury, paralysis, death or damage to the participant, myself, property, or third parties. Some of which may be caused by my own actions or inactions, or those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below. By the very nature of the activity, sports carry a risk for physical injury. No matter how careful the participant and instructor are, no matter how many spotters are used, no matter what the height is or what the landing surface is, the risk cannot be eliminated. The risk can be reduced but never eliminated. The risk of injury includes minor injuries such as bruises or more serious injuries such as broken bones, dislocations (this is when a bone is pulled out of its socket) and muscle pulls. The risk also includes catastrophic injuries such as paralysis (this is when the injury prevents you from being able to use parts of your body) or even death from landing on your back, neck or head. Being fully aware of these dangers, I hereby consent for the participant and/or myself to participate in any and all Jam Hops and GRIT Adaptive programs and activities and I ACCEPT ALL RISKS associated with such participation. I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue Jam Hops or GRIT Adaptive, its respective administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the RELEASEES herein), from all liability, claims, demands, losses, or damages on my account caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which may incur as the result of such claim. I have read the Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I will hold Jam Hops and GRIT Adaptive harmless of any injuries incurred in and outside gym areas, along with any at-home participation in virtual activities.

Medical Considerations for Trampoline Usage

The participant or caregiver will be in control of whether trampoline usage is allowed. Please read the following considerations.

1. OFFICIAL POLICY AFFECTING INDIVIDUALS WITH DOWN SYNDROME:

There is now increasing evidence from medical research that up to 15% of individuals with Down syndrome have a condition known as Atlanto-axial Instability, which is a malalignment of cervical vertebrae C-1 and C-2 in the neck. This condition exposes individuals with Down syndrome to the possibility of injury if they participate in activities that hyper-extend or radically flex the neck muscles.

Although we do not require an examination with x-rays for those with Down syndrome, we recommend those with Down syndrome be examined.

2. Unfortunately, trampolining is unsuitable for those who have the following conditions:

- Positive Atlantoaxial Instability (AAI) Screening

- Detaching Retina
- Pregnancy
- Achondroplasia (Dwarfism)
- Back or neck conditions (including Rodded back and Brittle bones) or recent surgery

Please be aware that this list is not exhaustive, and all participants are encouraged to discuss their participation with a qualified medical practitioner before attending.

_____ Medical Emergencies

In case of injury or illness, and in cases where a parent/guardian or emergency contact cannot be reached, I hereby authorize that the staff of Jam Hops and GRIT Adaptive may authorize medical treatment for myself and or the above-named participant, and that I or the participant may be transported to a hospital for medical treatment. I hold Jam Hops, GRIT Adaptive, and their representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or the participant as a result of any injury sustained while participating at Jam Hops.

_____ Allergies/EpiPen Use

If the participant has allergies that may result in the use of an EpiPen, the participant or caregiver will have the EpiPen and be prepared to administer it as needed. I understand that 911 will always be called when epinephrine is given, whether or not the participant manifests any symptoms of anaphylaxis.

_____ Photo Release

I hereby authorize Jam Hops and GRIT Adaptive to publish the photographs and videos taken of me and/or the undersigned participant, and our names, for use in the printed publications, website and training purposes. I release Jam Hops and GRIT Adaptive from any expectation of confidentiality for the undersigned participant and myself and attest that I am the parent or legal guardian of the participant listed below and that I have the authority to authorize the use of their photographs, videos and names. I acknowledge that since participation in publications and websites produced by Jam Hops and GRIT Adaptive is voluntary, neither the participant nor I will receive financial compensation. I further agree that participation in any publication and website produced by Jam Hops or GRIT Adaptive confers no rights of ownership whatsoever. I release Jam Hops and GRIT Adaptive, their contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the above-named participant.

_____ Anti-Bullying Policy

Jam Hops and GRIT Adaptive will make every effort to ensure that our programs offer a safe and respectful environment for all of our athletes and participants. Jam Hops and GRIT Adaptive do not tolerate bullying in any form. Bullying behavior in any form between program participants will be addressed and may include disciplinary action which could result in removal from a class or dismissal from Jam Hops and GRIT Adaptive programs.

_____ Safety Expectations

I will review and discuss these rules with the participant:

1. Always walk
2. Always listen to the teacher
3. Be kind to friends
4. Be kind to the equipment

I and/or the participant have agreed to listen to Jam Hops and GRIT Adaptive staff, be respectful, encouraging and kind to others. I/we will also be respectful of the equipment that they use. I/we will try new skills only with the help of their instructor, pay attention to safety rules and practice safety procedures. I have read the safety rules to the participant, and I/we will practice safety during class and any activities at Jam Hops and GRIT Adaptive.

I have read, understand and agree with all statements above.

Signature _____ Date _____
(Adult Participant or Signature of Parent/Legal Guardian)