

Spectrum Gymnastics Registration Form

Parent's Name: _____ Email: _____

Address: _____ City: _____ Zip: _____ Home #: _____ Cell: _____

Emergency Contact: _____ Emergency Phone: _____

Child's First Name: _____ Child's Last Name: _____ DOB: ___/___/___ Male / Female

Child's First Name: _____ Child's Last Name: _____ DOB: ___/___/___ Male / Female

Child's First Name: _____ Child's Last Name: _____ DOB: ___/___/___ Male / Female

How did you hear about us?

Signs ___ Birthday Party ___ Phone Book ___ Yellow Book ___ Friends ___ If friends, who? _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

PARENTAL CONSENT

In consideration of participating in activities at **Spectrum Gymnastics Academy**, I represent that I understand the nature of this activity and that I am qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below, and that there may be other risks either not known to me or not readily foreseeable at this time; and 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 **Spectrum Gymnastics Academy**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any 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 or alleged to be 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 any 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 understand that in the event of an injury, the medical policy supplied by **Spectrum Gymnastics Academy**, is a secondary policy with a \$100 deductible paid by you.

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

PERMISSION FOR MEDICAL TREATMENT: I authorize the necessary steps regarding medical attention (i.e. first aid, calling ambulance service or transportation to be admitted to the hospital) and will allow authorized hospital faculty and staff to treat my child for any illness or injury he/she has.

Doctors Name: _____ Doctors Phone _____ - _____

Insurance Company: _____ Policy No.: _____

I further understand that if I enter the facility, I do so at my own risk. I understand that the facility has flooring with uneven surfaces. I also understand, that I am not allowed on any gymnastics or bounce equipment.

Date: _____

Printed name of Parent or Legal Guardian

Signature of Parent or Legal Guardian