

S.P.O.R.T. Gymnastics

Registration and Liability Release

BEFORE AND AFTER SCHOOL PROGRAMS

JUMP ROPE SCHOOL NAME _____

Payment: Cash _____ **Check #** _____ **Need Tuition Assistance** _____

Send payment to: Sport Gymnastics, PO Box 3331, Wenatchee, WA 98807 or bring to first class.

1st Student's Name _____ M / F Birthdate ____/____/____

2nd Student's Name _____ M / F Birthdate ____/____/____

3rd Student's Name _____ M / F Birthdate ____/____/____

Home Phone _____ State _____ Zip _____

Email _____

Address _____ City _____

Mother's Name _____ Employer _____

Mother's Cell _____ Mother's Wk. # _____

Father's Name _____ Employer _____

Father's Cell _____ Father's Wk. # _____

Emergency Contact _____ Ph. # _____

Please declare any physical problems or restrictions and list any mental/behavioral or special custody situations that would be important for us to be aware of. _____

Please tell us how you heard about us.

Friend (name) _____ Webpage _____ Newspaper _____ Yellow Pages _____

Radio _____ School Flyer _____ Other _____

Check here if you would like us to send you our email newsletter, promotions, new classes, and special events. _____

Please read this Liability Release Form Carefully and sign as indicated.

In consideration of allowing the previously declared participant(s) to begin activity at S.P.O.R.T., while on the premises and property of said gym or in a school facility, the undersigned, for themselves and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless S.P.O.R.T. LLC, its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and /or the undersigned, while in or upon the premises upon which S.P.O.R.T. is conducted, or any premises under the control and supervision of S.P.O.R.T., its owners, officers, employees, or agents or in route to or from any of said premises or while at any premise or place when activities sponsored by or participated in by S.P.O.R.T. LLC, its owners, officers, agents, or employees.

Assumption of Risk - Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant (s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant (s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant (s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant (s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of the Release. In signing this Release, the undersigned acknowledges:

*a. That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.

*b. That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

Medical Release

The undersigned gives permission for the S.P.O.R.T. LLC, owners, officers, employees, and/or agents to seek emergency medical treatment for the participant (s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Marketing Release

I understand that my child's likeness may be used in S.P.O.R.T. Gym ads, promotional videos, website material, or various other marketing. These images will be used for S.P.O.R.T. purposes only and will not be given or sold to outside companies or individuals.

Parent/Guardian

Signature _____ Date _____

Participant Signature if over 18 yrs. of age _____ Date _____
