



(Minor)
Metro Gymnastics Center, Inc
Release and Waiver of Liability, Assumption of Risk,
and Indemnity Agreement ("Agreement")

In consideration of participating in the Metro Gymnastics Center, Inc 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, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Metro Gymnastics Center, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsor, 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 of 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.

X
Printed Name of Participant Date:

Parental Consent

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 Releasee's 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 Releasee may incur a the result of any such claim.

X
Printed Name of Parent/or Legal Guardian Date:

X
Signature of Parent/or Legal Guardian

Policy Information (Please read the reminders below and sign)

- I understand that there is an annual, non-refundable, Family Membership Fee of \$25, which is payable upon enrollment at Metro Gymnastics Center.
I understand and agree to pay by the 20th of the month preceding, the upcoming 8-week session.
I understand that tuition not paid by the 5th of the month will be assessed a \$10 late charge and that accounts which become delinquent are grounds for refusal of service by Metro Gymnastics Center.
I understand that any child is allowed only 2 make-up classes per 8-week session regardless of the number of classes missed.

X
Parent/Guardian Signature: Date:

# Metro Gymnastics Center

## Registration Form *(Please Print)*

### Students

Name	Birthdate	Age	Gender	Allergies	Medications	School
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

### Mother

\_\_\_\_\_  
(Mother's Name)      \_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Home Address)      \_\_\_\_\_  
(Work Phone)

\_\_\_\_\_  
(City, State, Zip)      \_\_\_\_\_  
(Cell Phone)

\_\_\_\_\_  
(E-mail Address)

### Father

\_\_\_\_\_  
(Father's Name)      \_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Home Address)      \_\_\_\_\_  
(Work Phone)

\_\_\_\_\_  
(City, State, Zip)      \_\_\_\_\_  
(Cell Phone)

\_\_\_\_\_  
(E-mail Address)

### Billing Contact *(Check if same as Mother)*

\_\_\_\_\_  
(Name)      \_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Address)      \_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(E-mail Address)

### Emergency Contact

\_\_\_\_\_  
(Name)      \_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Address)      \_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Relationship to Student(s))

### Insurance & Medical Information

\_\_\_\_\_  
(Company)      \_\_\_\_\_  
(Policy #)      \_\_\_\_\_  
(Group #)      \_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Doctor Name)      \_\_\_\_\_  
(Doctor Phone)      \_\_\_\_\_  
(Hospital Name)      \_\_\_\_\_  
(Hospital Phone)

**How Did You Hear About Us?** \_\_\_\_\_

← See Other Side For Liability Waiver →