

CHAMPION GYMNASTICS REGISTRATION AND RELEASE FORM

STUDENT(S) NAME

A. _____ AGE _____ SEX _____ BIRTHDAY _____

B. _____ AGE _____ SEX _____ BIRTHDAY _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ EMERGENCY # _____

E-MAIL ADDRESS _____

MOTHERS NAME _____ CELL PHONE _____

FATHERS NAME _____ CELL PHONE _____

Does this student have any known conditions or disorders, we should be aware of? _____

Please list: _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

DISCLAIMER: CHAMPION GYMNASTICS ACADEMY, INC. IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TAKING CLASS, COMPETING, PERFORMING, PARTICIPATING IN BIRTHDAY PARTIES, GYMNASTICS CAMPS, OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, DANCE, CHEERLEADING, TUMBLING, TRAMPOLINE, PRESCHOOL CLASSES OR TEAMS OR THE VIEWING OR SUCH ACTIVITIES AT CHAMPION GYMNASTICS ACADEMY, INC. FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF CHAMPION GYMNASTICS ACADEMY, INC., ITS OWNERS, OFFICERS, AGENTS, CONTRACTORS OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not-to-sue Champion Gymnastics Academy, Inc, their employees, contractors, teachers, coaches or agents from any and all present and future claims resulting from ordinary negligence on the part of Champion Gymnastics Academy, Inc. or others listed, for property damage or personal injury, arising as a result of my child(ren) or myself engaging in or receiving instruction in gymnastics, cheerleading, dance, tumbling, trampoline, or any other activities incidental thereto, wherever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, or heirs.

Further, I am aware that gymnastics, cheerleading, dance, tumbling and trampoline are vigorous sporting activities involving height and motion in a unique environment and as such they pose a risk of injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that such activities always involve certain risks, including but not limited to, neck and back injuries, injury to virtually all bones, joints, muscles, and internal organs, and the mats, pits, and other safety equipment and apparatus provided for my protection including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent injury. I understand that participation in gymnastics, cheerleading, dance, tumbling and or trampoline, including moving from event to event, conditioning, stretching and other activities may leave me and or my child(ren) vulnerable to reckless actions of other gym participants who may not have complete control over their actions or who may not see other students in the gym. I am or my child(ren) listed above are participating voluntarily in gymnastics, cheerleading, dance, tumbling, and or trampoline with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage or personal injury.

I further agree to indemnify and hold harmless Champion gymnastics Academy, Inc. and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in Champion Gymnastics Academy, Inc. activities or any activities incidental thereto, whenever, or however the same may occur.

I understand that this waiver is intended to be a broad and as inclusive as permitted by laws of the state of California 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 California.

I affirm that I am of the legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal right and or remedies which may be available to me for the ordinary negligence of Champion Gymnastics Academy, Inc. or any person listed above.

Parent, Legal Guardian, or Legal Age Participant's Signature_____
Date

PERMISSION TO TREAT (OPTIONAL)

I hereby give my permission to trained medical professional to administer emergency medical treatment to my child(ren) should sickness or accident occur in my absence.

Parent or Legal Guardian's Signature_____
Date

MEDIA WAIVER

I give Champion Gymnastics Academy, Inc. permission to use my or my child(ren)'s images on print and or video for marketing and promotion purposes only.

Parent, Legal Guardian, or Legal Age Participant's Signature_____
Date