

North Stars Gymnastics Academy

PARENTS SHALL ESCORT CHILDREN IN PARKING LOT

Student Information

Home phone: () _____

 Student's Name Sex Age D.O.B.

 Street City State Zip Emergency phone () _____

Mom's Name: _____ Place of business: _____ Phone: () _____

Dad's Name: _____ Place of business: _____ Phone: () _____

E-mail address: _____

Are there any medical conditions to which we should be alerted? _____

Does your child require medication which may need to be administered during gym hours? _____
 (If so, a signed note indicating medicine & dosage must be attached to this waiver.)

Class Information

SESSION 1
 Day(s) _____ Time _____ Tuition _____

SESSION 2
 Day(s) _____ Time _____ Tuition _____

SESSION 3
 Day(s) _____ Time _____ Tuition _____

SESSION 4
 Day(s) _____ Time _____ Tuition _____

SUMMER SESSION
 Day(s) _____ Time _____ Tuition _____

CREDIT CARD # _____ **EXP. DATE** _____

OFFICE USE ONLY

CLASS CODE _____
PAID _____
DATE _____

CLASS CODE _____
PAID _____
DATE _____

CLASS CODE _____
PAID _____
DATE _____

CLASS CODE _____
PAID _____
DATE _____

CLASS CODE _____
PAID _____
DATE _____

Release And Waiver of Liability, Assumption of Risk, And Indemnity Agreement ("Agreement")

In consideration of participating in the **North Stars 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 "releases" 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 **North Stars 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 on 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 "releases" or otherwise, including negligent rescue operations and further 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.

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 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 Releasee may incur as the result of any such claim.

 Printed name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

Permission to Treat (Optional)

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

 Printed name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date