

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in All American Gymnastic Academy programs, I understand the nature of this activity and that I am qualified, in good health, and all proper physical conditions to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue in participation in the activity.

I fully understand that this activity involves risk 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 above; and that there may be other risks either not known to me or 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 All American Gymnastic Academy, its respective administrators, directors, agent officers, volunteers, and employees, other participants, any sponsors, advertisers and if applicable, owners and lessors of premise on which the activity takes place (each considered one of the RELEASEES herein) from all liability, claims, demands, losses, or damage, 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 ant portion of this agreement is held to be valid the balance, notwithstanding, shall continue in full force and effect.

Participant

Date

Parent Signature

PARENTAL CONSENT

I hereby certify that the person(s) enrolled in this program, is/are willingly able to participate in this program with out any restrictions. I hereby release, discharge, covenant not to sue ans agree to indemnify and save and hold harmless each releasees from all liability, claims, demands losses or damages on the minors account causedor alledged to have been caused in whole or 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 minors behalf, makes a claim against the above Releasees,

I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from litigation expenses, attorney fees,loss liability, damage, or cost any Releasee may incur as the reuslt of any such claim.

I also understand that All American Gymnastic Academy reserves the right to photograph program participants for publicity purposes.

Printed name of Parent/Legal Guardian

Date

Signature of Parent /Legal Guardian

Summer 2017 Registration Form



Last Name: _____

<input type="checkbox"/> Full Day Camp 9-4 <input type="checkbox"/> Half Day Camp 9-1 <input type="checkbox"/> Early Drop Off 8:00am M T W TH F
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PARENTS NAME: _____ EMAIL ADDRESS: _____

STREET: _____ CITY _____ STATE: _____ ZIP _____

PHONE# _____ CELL# _____ EMERGENCY CONTACT AND PHONE # _____

1ST CHILD: _____ AGE: _____ M ___ /F ___ DOB _____ program _____ cost _____ week

2ND CHILD: _____ AGE _____ M ___ /F ___ DOB _____ program _____ cost _____ week

3RD CHILD: _____ AGE _____ M ___ /F ___ DOB _____ program _____ cost _____ week

4TH CHILD: _____ AGE _____ M ___ /F ___ DOB _____ program _____ cost _____ week

NAME AND PHONE # OF PERSON PAYING IF DIFFERENT FROM ABOVE: _____

ANY LIMITATIONS WE SHOULD KNOW ABOUT: _____

INSURANCE CO. _____ DR. _____ PHONE # _____

HOW DID YOU HEAR ABOUT US? _____ ALLERGIES: _____

PLEASE SIGN BACK OF FORM

ALLERGIES:

- Immunization records
- Current Physical
- Medical Consent/Plan of Action

PROGRAM	TUITION	TOTAL PD.	DATE PD.	FORM OF PAYMENT
SESSION 1 (June 26-30)	_____	_____	_____	_____
SESSION 2 (July 3-7) _proate	_____	_____	_____	_____
SESSION 3 (July 10-14)	_____	_____	_____	_____
SESSION 4 (July 17-21)	_____	_____	_____	_____
SESSION 5 (July 24-28)	_____	_____	_____	_____
SESSION 6 (July 31-Aug 4)	_____	_____	_____	_____
SESSION 7 (Aug 7-11)	_____	_____	_____	_____
SESSION 8 (Aug 14-18)	_____	_____	_____	_____