

# AERO GYMNASTICS ACADEMY

(Student Registration and Waiver)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State:  \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's work # \_\_\_\_\_ Mother's work # \_\_\_\_\_

E-mail \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Are there any medical conditions or allergic reactions to which we should be alerted? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Medical Ins. Co. \_\_\_\_\_ Policy Number \_\_\_\_\_ Phone# \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Why did you choose Aero Gymnastics Academy? \_\_\_\_\_

## ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of \_\_\_\_\_, I hereby consent to the aforementioned person participating in the Aero Gymnastics Academy programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including: dance, gymnastics, cheerleading and related activities including tumbling and trampoline.

I understand that it is the express intent of Aero Gymnastics Academy to provide the safety and protection of my child and in consideration for allowing my child to use this facility, I hereby forever release Aero Gymnastics Academy, its owners, employees, teachers, and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Aero Gymnastics Academy or its employees.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, Aero Gymnastics Academy.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

## Permission To Treat (Optional)

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

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

(Fill out a separate form for each child. More forms are available from the office)

Please complete backside-->

# AERO GYMNASTICS ACADEMY

## PARTICIPANT RELEASE OF LIABILITY

(Read before signing)

In consideration of being allowed to participate in any way in the AERO GYMNASTICS ACADEMY program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury to me or my child does exist; and
2. I knowingly and freely assume all such risks, both known and unknown and even if arising from the negligence of the releasees or others, and assume full responsibility for my or my child's participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I or my child are unable to safely participate in any of the programs, I will remove myself or my child and bring this to the immediate attention of the nearest official or coach; and
4. I hereby release AERO GYMNASTICS ACADEMY, its owners, coaches, employees, sponsoring agencies, sponsors, or advertisers, with respect to any and all injury, disability, death, or loss or damage to person or property incident to my or my child's involvement or participation in these programs, whether arising from negligence of the releasees or otherwise, to the fullest extent permitted by law.
5. I hereby indemnify and hold harmless all the above releasees from any and all liabilities incident to my or my child's involvement or participation in these programs, even if arising from their negligence, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

Participant's

Name \_\_\_\_\_ Age \_\_\_\_\_

Parent's/Participants

Signature \_\_\_\_\_ Date \_\_\_\_\_

My or my child's photo may be used in promotional or display material that may appear in the gym or local publications.

Parent/Participant's

Signature \_\_\_\_\_ Date \_\_\_\_\_