

**Lake Murray Gymnastics
Registration Form**

PLEASE FILL OUT FORM COMPLETELY

Family Information

Mother's Name: _____ C Phone: _____

Father's Name: _____ C Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____

Email address: _____

Student's Name(1): _____ Sex: _____ Age: _____ DOB: ____/____/____

Student's Name(2): _____ Sex: _____ Age: _____ DOB: ____/____/____

Student's Name(3): _____ Sex: _____ Age: _____ DOB: ____/____/____

<u>Office Use Only</u>	
Reg. Pd \$ _____	Received _____
Tuition Pd \$ _____	Entered _____

Class Information:

(1)Class Name: _____ Class Day: _____ Class Time: _____

(2)Class Name: _____ Class Day: _____ Class Time: _____

(3)Class Name: _____ Class Day: _____ Class Time: _____

Dual Release of Liability Waiver

Name of child participant : _____

Parent/Guardian or Adult Participant Name: _____

I, we, despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of Lake Murray Gymnastics, LLC (the releasees) from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of Lake Murray Gymnastics, LLC.

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition 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, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

I further acknowledge, understand, appreciate & agree that my participation may result in possible exposure to, and illness from infectious diseases, including, but not limited to, MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure.

Signature of Parent or Guardian

Date

Participant signature (if over 18)

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.

Signed _____

I have read and agree to comply with the Policies and Procedures of Lake Murray Gymnastics.

Signature of Parent or Guardian

Date