

Flagstaff Gymnastics Registration and Release

Student Name _____ Gender ___ Birthdate _____ Home Phone _____
Student Name _____ Gender ___ Birthdate _____
Address _____ City _____ State _____ Zip _____
Mother's Name _____ Cell _____ Email _____
Mother's Employer _____ Work Phone _____
Father's Name _____ Cell _____ Email _____
Father's Employer _____ Work Phone _____
Emergency Contact _____ Cell _____ Relation _____
Insurance Provider _____ Physical Restrictions _____

Waiver of Liability and Assumption of Risk

In consideration of allowing the previously-declared participant(s) to begin participation in Flagstaff Gymnastics Center activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless All Star Athletics, Inc. dba Flagstaff Gymnastics Center, its owners, members, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Flagstaff Gymnastics Center is conducted, or any premises under the control and supervision of All Star Athletics, Inc. dba Flagstaff Gymnastics Center, its owners, members, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by All Star Athletics, Inc. dba Flagstaff Gymnastics Center, its owners, members, agents, or employees.

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said company, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. **The undersigned agrees to provide for the possible future medical expenses that may be incurred by participant as a result of any injury that may be sustained.** In signing this Release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

Parent/Guardian Signature _____ Date _____

Medical Release

The undersigned gives permission for All Star Athletics, Inc. dba Flagstaff Gymnastics Center, owners, members, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Parent/Guardian Signature _____ Date _____

Marketing Release

Occasionally Flagstaff Gymnastics Center uses photos or video of its students in print ads, on its website, or other marketing mediums. I understand that my child's likeness may be used in such advertising. These images will be used for Flagstaff Gymnastics Center purposes only, and will not be given or sold to outside companies or individuals.

Parent/Guardian Signature _____ Date _____