

# Eclipse Gymnastics

## Open Gym Registration Form

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F

Parent / Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Alt. Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Alt. Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Billing Address: \_\_\_\_\_

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

Billing Contact: \_\_\_\_\_ Emergency Phone: : (    ) \_\_\_\_\_ - \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Medical Alert / Allergies / Physical Limitations: \_\_\_\_\_

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

(“AGREEMENT”)

In consideration of participating at Eclipse Gymnastics, I represent that I understand the nature of this Activity and that I am or my child is qualified, in good health, and in proper physical condition to participate in such Activity. I understand that all class times, coaches, and prices are subject to change without notice. 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 VIRUS, sprains, broken bones, 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 “releasees” 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 an 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 Eclipse Gymnastics, its respective administrators, directors, agents, officers, volunteers, 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 “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 a 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.

Printed name of Participants: \_\_\_\_\_

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 of 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 such claim.

CONSENT OF TREATMENT OF A MINOR

Should it be necessary, in the opinion of a staff member of Eclipse Gymnastics to render first aid and assistance to the participant(s) listed above, I hereby grant permission to the staff of Eclipse Gymnastics and other medical personnel to render such aid and assistance as they may deem necessary. I have carefully read this consent for treatment of a minor and fully understand its contents.

---

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

CONCENT TO PHOTOGRAPH AND MEDIA RELEASE AT ECLIPSE GYMNASTICS

I understand that my child's photograph or video may be taken during the course of class instruction, at special events or other functions conducted by Eclipse Gymnastics Academy. I hereby grant permission for Eclipse Gymnastics to use my child’s photograph or likeness in any publicity or promotional publications, which may include, but not limited to: Eclipse Gymnastics Website, newsletters, newspaper ads, bulletin boards, programs, brochures, media releases, and Eclipse Gymnastics Facebook and Instagram pages. I also agree to allow the new media to film, and/or photograph Eclipse Gymnastics Academy programs and activities for broadcast purposes.

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