**** 1450 N. 21St Street – Decatur, IL. 62526

MEMBERSHIP REGISTRATION FORM & WAIVER

1st Child’s First Name: Last Name: D.O.B: M / F

2nd Child’s First name: Last Name: D.O.B: M / F

3rd Child’s First name: Last Name: D.O.B: M / F

4th Child’s First name: Last Name: D.O.B: M / F

Address City: State: Zip:

Home Phone: Mom Cell: Dad Cell: Other:

Mother’s Name: Father’s Name:

Primary Email: Additional Email:

Does your child have any limitations or disabilities or allergies that the Gym Fusion, LLC staff should be aware of? Y / N

If so, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician’s Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: The Membership Registration Fee must be current in order to participate in any class at Gym Fusion. I understand that the monthly tuition fee is due during the first week of each new four week session. There will be a $10 late fee, per child, assessed if payment is not received by the second week of the session. Class and event schedules will be posted. Please notify us in writing if you would like to discontinue your enrollment. No credit or refund will be provided once your child is registered for a Gym Fusion class term or event, as we reserve the space for your child.

*Complete reverse side please*

ADULT / PARTICIPANT - INFORMED CONSENT / ASSUMPTION OF RISK / RELEASE:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to volunteer assistance from time to time at Gym Fusion or Gym Fusion events. Also, if I participate in one or more physical fitness program(s)/class(s) sponsored by Gym Fusion, LLC (“Gym Fusion”). Gym Fusion has made me fully aware that the volunteer / fitness programs / classes / gymnastics / tumbling / trampoline / cheerleading and other activities and travel which Gym Fusion offers and in which I desire to participate are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. I the undersigned recognize and understand that the events / programs / classes are not without varying degrees of risk which may include, but are not limited to the following: Injury to the musculoskeletal and/or cardio respiratory systems which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment, or injury or death due to a medical condition, whether known or unknown by me. I accept responsibility for all medical expenses. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or others.

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in Gym Fusion events/programs/classes and accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program and hereby forever release Gym Fusion and its officers, directors, employees, equipment owners, contractors, and facility owners from all liability for any and all damages and injuries resulting from activities and/or gymnastics classes. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in any program designed by Gym Fusion.

This acknowledgment of risk and release, having been thoroughly read and understood completely, is executed voluntarily as to its content and intent. This agreement shall remain in effect as long as and whenever I or my child participates in any activity at or with Gym Fusion.

Adult Participant’s Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Adult Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHOTOGRAPHS / SOCIAL MEDIA AUTHORIZATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as the legal guardian to the above registered child(children), agree to allow Gym Fusion, LLC to take pictures of the child during practice, competition, and other Gym Fusion events for the purpose of teaching the child performance techniques and for the use in Gym Fusion marketing and public relations materials. This includes the use on social media outlets such as Facebook, Twitter, etc.

CHILD / CHILDREN / PARTICIPANT - INFORMED CONSENT / ASSUMPTION OF RISK / RELEASE:

As legal Guardian of the child registered on this form, I hereby consent for him/her to participate in the fitness programs / classes / gymnastics / tumbling / trampoline / cheerleading and other activities and travel conducted or participated by Gym Fusion, LLC. I understand that participation in the programs at Gym Fusion involves motion, rotations, and height in a unique environment and as such, carries with it certain of risks. I recognize that potentially severe injuries to the child, including permanent paralysis or death can occur in any activity involving height or motion. I hereby for myself and the child, forever release Gym Fusion and its officers, directors, employees, equipment owners, contractors, and facility owners from all liability for any and all damages and injuries to the child resulting from activities and/or gymnastics classes. I also give my consent for Gym Fusion to provide medical services as warranted in the course of my child’s participation. I accept responsibility for all medical expenses. This acknowledgment of risk, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. This agreement shall remain in effect as long as and whenever I or my child participates in any activity at or with Gym Fusion.

Legal Guardian’s Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Legal Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_