



Aiken Gymnastics, Inc.
428 Monetta Street
Aiken, SC 29801
649-7556

Registration & Release Form

CHILD'S FULL NAME _____
DATE OF BIRTH _____ AGE _____
SCHOOL ATTENDING _____
FATHER'S NAME _____
FATHER'S EMPLOYER _____
WORK PHONE _____
MOTHER'S NAME _____
MOTHER'S EMPLOYER _____
WORK PHONE _____
HOME ADDRESS _____
CITY _____ ZIP _____ HOME PHONE _____
FATHER'S CELL _____ MOTHER'S CELL _____
EMAIL _____
NAME OF MEDICAL INSURANCE CO. AND POLICY NUMBER STUDENT COVERED
UNDER _____
EMERGENCY CONTACT (RELATION) _____ PHONE _____
CHILD'S PHYSICIAN _____ PHONE _____
PREFERRED HOSPITAL _____ PHONE _____

If your child is subject to any diseases or illnesses (such as epilepsy) please list. Also list any other pertinent information concerning any handicaps, limitations, or medical information.

Is your child allergic to any medicine? _____

If the parents or guardians and preferred physician named above, cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of proper authorities, do you authorize and direct the instructors to send the child (properly accompanied) to the hospital most easily accessible? _____

Class enrolled in _____ Day of class _____

Time of class _____

RELEASE AND INDEMNIFICATION

In consideration of allowing the student whose name appears on the reverse side of this form (hereinafter Student) to enroll in a gymnastics school and program and the use by student of the premises and property of said school, the undersigned being legal and acting guardians of the student, release and agree to indemnify and hold harmless Aiken Gymnastics, Inc., its successors and assigns and its owners, officers, employees, and agents of and from any and all liability, claims, demands, actions and causes of action whatsoever, and all costs and expenses associated therewith, including attorneys fees, arising out of or related to any loss, damage or injury including death, that may be sustained by the student and or the undersigned, or any loss or damage to any property of the student and/or the undersigned while in, on, or upon the premises upon which the school is conducted, or any premises under the control and supervision of Aiken Gymnastics, Inc. or in route to or from any of said premises, or while at any other premises or place when undertaking activities sponsored by or participated in by Aiken Gymnastics, Inc., its owners, officers, employees, agents or students. The undersigned, acting for themselves and the student, hereby voluntarily assume all risk of loss, damage, or injury, including death, that may be sustained by the student and/or the undersigned, while in, on, or upon said premises described above or while in route to or from said premises.

In signing this release, each of the undersigned hereby acknowledges and represents:

- A) That he or she read the foregoing release, understands it and signs it voluntarily.
- B) That the undersigned as "legal guardian" are in fact the true legal guardians of the student, are over the age of twenty-one years and of sound mind.
- C) That the information furnished on the reverse side of this form is true and correct and Aiken Gymnastics, Inc. will be notified in writing of any changes.

Tuition Agreement (Please initial)

_____ Tuition is due at the beginning of the first class of the month. If the tuition is not paid by the 7th of each month, you will be charged a \$15 late fee. If your child is dropped off to the first class of the month without payment they will not be allowed to participate.

_____ There are no refunds for missed classes for any reason. You are paying for your child's spot in their class.

Name of person responsible for payment _____

relation to participant _____ Phone number _____

Email _____

I have read and understand this release and my financial obligations.

Parent/ Guardian

Signature _____ Date _____



AIKEN GYMNASTICS, INC.
428 Monetta St.
AIKEN, SC 29801

tel. (803) 649 - 7556
fax (803) 643 - 9600

Web PAGE, ADVERTISEMENT & PHOTO PERMISSION/RELEASE FORM

From time to time Aiken Gymnastics may wish to publish individual or team photos, images and/or first names on web pages, programs, flyers, video clips, commercials and/or advertisements. In these circumstances, published images of the athlete or references to athlete's first names may be used. The athlete's address and phone number will not be published in or on any material, Internet, or website or any form of advertisement at any time.

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:

We GRANT our permission for Aiken Gymnastics to display individual or team photos, images and/or first name on web pages, programs, flyers, video clips, commercials and/or advertisements for _____, at no
(Athlete's full name)

cost to Aiken gymnastics. We further authorize the use of individual or team photos, images and/or first name on web pages, programs, flyers, video clips, commercials and/or advertisements for an indefinite length of time or until a written request to remove all material is made to the director of Aiken Gymnastics.

We understand that our permission waives any liability to Aiken Gymnastics for displaying individual or team photos, images and/or first name on web pages, programs, flyers, video clips, commercials and advertisements and we agree not to bring any claims against Aiken Gymnastics or the web master or managing vendor for or on account of, such display.

(Signature of Parent or Guardian) (Date)

(Signature of Athlete) (Date)

We DENY our permission for Aiken Gymnastics to publish individual or team photos, images and/or first names on web pages, programs, flyers, video clips, commercial and/or advertisements of

(Athlete's full name)

(Signature of Parent or Guardian) (Date)

(Signature of Athlete) (Date)



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

In consideration for permission to enter upon the premises and facilities of Aiken Gymnastics, Inc., (the “Company”) I, _____ (“Releasor”), for myself, my personal representatives, heirs, and next of kin, and for my minor child _____ (“Minor”) hereby acknowledge and agree as follows:

- 1. Voluntary Participation:** Releasor voluntarily elects to access, occupy and use the Company’s facilities and the equipment, fixtures and contents contained therein (collectively “the Premises”) and to permit Minor to so access, occupy and use the Premises. Releasor further voluntarily elects receive and/or to permit Minor to receive and participate in gymnastics instruction and training (“the Activities”) from Company’s owners and employees (collectively “Staff”).
- 2. Acknowledgment of Risk:** Releasor acknowledges and warrants that s/he is fully aware of the inherent risks of contagion arising from the COVID 19 pandemic in all public spaces, and particularly in recreational facilities, of which the Premises is one. Releasor understands that occupancy and use of the Premises and participation in the Activities may result in the increased risk of exposure to COVID 19 because of, among other things, the sharing of equipment and the prevalence of high touch surfaces inherently associated with the Activities, the increased respiration and emission of respiratory droplets associated with physical exertion, the use of water bottles and other personal use objects, and the inherent and natural interaction and sharing behaviors of minors. Releasor understands that COVID 19 is considered a highly contagious virus and that it can have serious health consequences that may result in prolonged hospitalization, permanent injury, and even fatality. Releasor acknowledges that there is an inherent risk of infection associated with accessing and using the Premises, and with participating in the Activities, and that such risk cannot fully mitigated or controlled.
- 3. No Warranty:** While the Company makes reasonable efforts to comply with the recommendations of the Centers for Disease Control and the South Carolina Department of Health and Environmental Control, the Company does not, and cannot, warrant or guarantee that the Facility will at any time be free of COVID 19, that Staff will remain free of infection, or that infected and contagious customers (adults and/or minors) will not be present within the

Premises or participating in the Activities. Therefore, the Company cannot and does not warrant, guarantee or offer assurances that any person(s) will not be exposed to COVID 19 while on the Premises or engaged in the Activities.

4. **Assumption of Risk:** Releasor's and Minor's access and use of the Premises and/or participation in the Activities therefore must be considered by Releasor to involve inherent risks to Releasor and Minor, and Releasor understands, for the reasons outlined above, that the Company has no control over these risks and has neither the means nor the responsibility to control such risks. Releasor, for himself/herself, and for Minor, hereby assumes all such dangers, risks, and hazards.
5. **Indemnification, Waiver, and Release:** Releasor hereby waives, releases, discharges, indemnifies, saves and holds harmless the Company, including all of its subsidiaries, affiliates or related entities, and the directors, officers, owners, agents, representatives and employees of each of them, as well all persons or entities acting on the behalf of any of them (referred to hereinafter collectively as "Releasees") from any and all liability associated with any injury to Releasor and/or Minor, including personal injury, loss of income or educational opportunity, property damage, and all losses, damages, expenses, liabilities, or claims of any nature arising out of, related to, or in any way connected to Releasor's and/or Minor's occupancy and/or use of the Premises and/or participation in the Activities, whether caused by the negligence of Releasees or otherwise.
6. **Other Acknowledgements:**
 - a. Releasor acknowledges and represents that Releasor is of sound mental condition and is competent to give this Waiver and Release of Liability.
 - b. Releasor has received a copy of the Company's "COVID 19 Guidelines for Students and Parents" and shall abide the same at make all reasonable efforts to equip and instruct Minor to abide by the same at all times while upon or within the Premises.
 - c. Releasor covenants that in the event that Releasor, Minor or any member of a household shared with Releasor and/or Minor should test positive for COVID 19, be informed by a health care provider that that the person is symptomatic or likely symptomatic for COVID 19 infection, or otherwise become aware of information that a reasonable person should in good faith recognize as indicative of exposure to COVID 19, Releasor will immediately notify the Company of the same.
 - d. Releasor expressly warrants and represents that s/he is the custodial parent or legal guardian of Minor and has the full and unrestricted right to enter into this Waiver and Release of Liability on Minor's behalf.
 - e. Releasor agrees that this Waiver and Release of Liability is intended to be as broad and inclusive as is permitted by the laws of South Carolina.
 - f. Releasor expressly agrees that if any provision of this instrument is held invalid or otherwise unenforceable, the enforceability of the remaining provisions shall not be impaired thereby.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Releasor Signature

Date

Printed Name of Releasor

Printed Name of Minor

Please choose one of the below

_____ I give AIGY staff/coaches the permission to spot and assist my child.

_____ I would like the coaches/AIGY Staff to social distance from my child, and therefore not spot or assist her/him.