EASLEY GYMNASTICS TRAINING CENTER

Fun Gym Non Member Consent Form

Mother/Father/Guardian: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Child #1 Name: _____ Birth Date: _____ Age: _____

Child #2 Name: _____ Birth Date: _____ Age: _____

Does your child have (please circle if Yes): ADD ADHD Autism Dyslexia Learning Disability Allergies needing EpiPen Other

Emergency Contact: _____ Phone: _____ Relationship: _____

OTHERS WHO HAVE PERMISSION TO PICK UP MY CHILD (ex. Carpool, Grandparents)

Name: _____ Relationship: _____ Phone: _____

How did you hear about us? _____

WAIVER AND RELEASE OF LIABILITY

As the parent or legal guardian of the listed gymnast(s), I hereby consent to the named person(s) participating in the programs offered by Strikeforce Athletics, LLC, hereafter "Easley Gymnastics"). I recognize that potentially severe injuries and illnesses, including sprains, broken bones, paralysis, or death, can occur in any activity involving height or motion, including gymnastics. I UNDERSTAND AND ACCEPT THIS RISK. I have additionally communicated this risk to my child participant. I also realize that my child will be performing and training on all gymnastics events and devices including the trampoline.

I further realize that while payment of tuition and registration fees constitutes a part of the consideration due to Easley Gymnastics for allowing my child to use the facilities and equipment at Easley Gymnastics, an additional part of the consideration is this signed release form.

Therefore, in consideration for allowing my child to use the Easley Gymnastics equipment and facilities, I, on behalf of myself, my child, and our respective heirs, successors and assigns, hereby release Strikeforce Athletics, LLC, its owners, members, managers, officers, employees, teachers and coaches from all liability for any and all damage, illness and injuries suffered by my child while under the instruction, supervision or control of Easley Gymnastics, its owners, members, managers, officers, employees, teachers or coaches, to the fullest extent permitted by law.

As the parent or legal guardian of the aforementioned person(s), I hereby agree to be personally responsible for any possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, for or under the direction of Easley Gymnastics. In addition, I confirm that my child has been examined by a physician who has cleared them for unrestricted participation in these activities.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is voluntarily signed as to its content and intent.

Parent/Guardian Signature _____ Date _____

Photograph Consent: I grant Easley Gymnastics the right to take photographs of my child during all events including but not limited to practices, meets, camps, fundraisers or other Easley Gymnastics sponsored activities. I authorize Easley Gymnastics, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Easley Gymnastics may use such photographs of my child with or without their name for any lawful purpose including, for example, publicity, illustration, advertising and web content. Easley Gymnastics has no control over the use of photographs taken by the public during any practice, meet, camp, fundraiser or Easley Gymnastics sponsored activity. I understand that Easley Gymnastics has no control over photos or videos taken by other parents.