

Class preferred _____ Time preferred _____

(In the event that a class has not reached the minimum enrollment, you may be asked to change day/time)

DATE/SESSION _____

How did you hear about us? _____

Participants Name _____ Birthdate _____

Address _____ City _____ Zip _____

Parent's Name _____ Phone _____

Address _____

Email _____ Preferred contact method _____

Parent's Name _____ Phone _____

Address _____

Email _____ Preferred contact method _____

Person to Contact in emergency if you cannot be located:

Name _____ Phone _____

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION, AND PHOTO RELEASE

As the legal guardian of _____, I recognize that severe injuries, including but not limited to, permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, dancing, exercise programs, trampoline, and cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned person to participate in any and all Hoosier Warriors Gym and Hoosier Gymnastics programs and activities and I ACCEPT ALL RISKS associated with this participation. In consideration for allowing my child to use these facilities and participate in these programs, I, on my own behalf, and of my child and our respective heirs, administrators, executors and successors, hereby forever PROMISE NOT TO SUE and FOREVER RELEASE Hoosier Warriors Gym or Hoosier Gymnastics, its officers, directors, shareholders, employees, contractors, volunteers, and all others associated with the corporation from all liability for any all damages and injuries suffered by my child while under the instruction, supervision, or control of Hoosier Warriors Gym or Hoosier Gymnastics. I am aware that individual and group publicity photos and videos are taken from time and time and in consideration for my or my child's participation I hereby grant my permission for my child's likeness to be used in Hoosier Warriors Gym or Hoosier Gymnastics publicity or advertising. In the event of an accident or emergency I hereby authorize my above mentioned child to be transported to a hospital for medical treatment and I hold Hoosier Warriors Gym or Hoosier Gymnastics and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child as a result of any injury sustained while participating at or for Hoosier Warriors Gym or Hoosier Gymnastics.

I have read and understand this ACKNOWLEDGEMENT OF RISK and WAIVER OF LIABILITY and PHOTO RELEASE and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN

Signature _____ Date _____

Annual registration date: _____

Fee paid: _____