

Gymnastics Express 2010-2011 Release Form

Child's Name: _____ F: _____ M: _____

Street Address: _____ City: _____ Zip: _____

Birth date: _____ Age: _____ School: _____ Grade: _____

Home Phone: (____) _____ Email Address: _____

Parent 1: _____ Work: (____) _____ Cell: (____) _____

Parent 2: _____ Work: (____) _____ Cell: (____) _____

Emerg. Contact: _____ Home: (____) _____ Cell: (____) _____

Address of Parent 2 (if different from Child): _____

Medical Restrictions and or allergies: _____

Child's Name - Last:

First:

Phone:

CC:

Releases, Waiver of Liability, Assumption of Risk and Indemnity Agreement

Name of child participant for whom I am parent or legal guardian: _____

I recognize that gymnastics is a sport that involves height and rotation of the body; therefore there are inherent risks involved. I am fully aware of and appreciate the risks including the risk of catastrophic injury, permanent disability, paralysis and even death, as well as other damages and losses associated with participation in the program. The risks assumed may be caused by me and / or my child's own actions, inactions or those of others participating in the event, the conditions in which the event takes place, or the negligence of the "RELEASEES" named below. I knowingly and willingly assume all risks. Consequently I hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches and other members of HCL Gymnastics Express from personal injury or accident of any sort or nature suffered by me (us) the undersigned, by reason of participation or membership in any programs or activities of HCL Gymnastics Express. I hereby release, discharge and covenant not to sue HCL Gymnastics Express, its representative administrators, directors, agents, officers, volunteers, employees, other participants and if applicable, owners and lessors of premises on which the activity takes place (each considered one of the "RELEASEES" herein). I testify that the child (or we) is qualified, in good health, and in proper physical condition to participate. And I acknowledge that as an adult participant in gym activities and / or moving around the gym, with its equipment and possible uneven surfaces, there is risk of injury. I acknowledge that I accept the risk, release HCL Gymnastics Express and its agents or employees from liability for such injury and waive the option to sue. I release HCL Gymnastics Express, Inc., staff, facility owner, or related parties from the responsibility or liability for insurance deductibles, medical expenses, and / or damages incurred by my child, myself, or other family members while participating or using the facility and parking area. I understand that health insurance is a requirement. I certify that I have health, accident and liability insurance to cover bodily injury or property damage I may cause or suffer while participating in the sport of gymnastics or other related activity in or related to HCL Gymnastics Express or else I agree to indemnify and reimburse HCL Gymnastics Express for such fees and costs as incurred. I authorize HCL Gymnastics Express to seek medical treatment at the nearest medical facility in case of emergency.

Policies:

- Students will not be allowed to participate in any activities at HCL Gymnastics Express without a completed copy of this form.
- Each participant is assessed an annual \$25.00 non-refundable registration fee.
- Tuition is pro-rated if enrolling after the first class meeting.
- Each student is allowed two make-up classes per session. Make-up classes must be scheduled in advance and are offered on an availability basis only.
- A \$25.00 bank fee will be charged for all returned checks.
- There will be no refunds or credits for missed classes unless due to serious illness or injury.
- No cash refunds will be issued for withdrawal. A full credit will be placed on your account after notification of withdrawal.
- HCL Gymnastics Express reserves the right to make coaching and gymnast reassignments.

I have sufficiently read and understand all the above and agree to abide by the listed policies.

Signature of Parent or Legal Guardian: _____ **Date:** _____