

RELEASE & WAIVER

PRIOR TO PARTICIPATION IN ANY ACTIVITIES AT OR WITH KRISTI'S TUMBLING & TRAMPOLINE, THE FOLLOWING RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT MUST BE SIGNED AND DATED BY A PARENT OR RESPONSIBLE ADULT OF THE STUDENT.

The purchaser/user named below as follows:

The participant...

1. Is instructed that prior to participating on any gymnastics equipment, including trampolines or rebound devices, that he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the owner and instructor of such conditions.
2. Fully understands and acknowledges that: (a) There are risks and dangers associated with participation in gymnastics and tumbling activities, including, but not limited to, those of bodily injury, partial and/or total disability, paralysis and death; (b) The social and economical losses and/or damages, which could be severe; (c) These risks and dangers may be caused by the negligence of the participant or the negligence of others, including, but not limited to, the "Releasees" named below; (d) There may be other risks not known to us or are not reasonably foreseeable at this time.
3. Accepts and assumes such risks and responsibility for the losses and/or damages following such injury, disability, paralysis, or death, negligence of "Releasees" named below.
4. **HEREBY RELEASE, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE** the seller, owner, other participants, coaches, instructors, spectators, guests, officials, lessees of the premises, officers, directors, agents, and employees, all of which are referred to as "Releasees", representatives, assigns, heirs, and next of kin for any and all including, but not limited to, death or damage to property, cause or alleged to be caused in whole or in part by the "Releasees" or otherwise.*

I, the minor's parent and/or legal guardian, understand the nature of athletic activities and the minor's/participant's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such an activity. I hereby release discharge covenant not to sue, and agree to indemnify and save and hold harmless each of the "Releasees" from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the "Releasees" named above, I will indemnify, save and hold harmless each of the "Releasees" from any litigation expenses, attorney fees, loss liability, damage or any cost that any may incur as the result of any such claim.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY GIVE UP SUBSTANTIAL RIGHTS BY SIGNING, AND SIGN VOLUNTARILY.

Name of Student (Printed)

Date

Name of Parent/Responsible Adult (Printed)

Signature of Parent/Responsible Adult

*Above material substantially taken from "USGF" Release and Waiver

POLICIES AND PROCEDURES ACKNOWLEDGMENT

Please read and understand KRISTI'S GYM POLICIES before signing below.

I HAVE READ KRISTI'S TUMBLING & TRAMPOLINE GYM POLICIES IN ITS ENTIRETY. I AM AWARE OF THE POLICIES AND RESPONSIBILITIES FOR _____ TO ATTEND KRISTI'S T & T.

I AM ALSO AWARE IT IS MY RESPONSIBILITY TO INFORM KRISTI'S T & T OF ANY CHANGES THAT NEED TO BE MADE TO THIS FORM.

Signature: _____

Date: _____



KRISTI'S TUMBLING & TRAMPOLINE

ATHLETE REGISTRATION FORM

Name: _____
(Last) (First)

Home Phone: () _____

Street Address: _____

Date of Birth: _____

City / State / Zip: _____ / _____ / _____

Subdivision: _____

Email: _____

Living with: Both Parents _____ Mother _____ Father _____ Legal Guardian _____

Mother's Name: _____ Phone: (H) () _____ (W) () _____

Mother's Employer: _____ (Cell) () _____

Father's Name: _____ Phone: (H) () _____ (W) () _____

Father's Employer: _____ (Cell) () _____

How did you learn of Kristi's Tumbling & Trampoline? _____

EMERGENCY MEDICAL INFORMATION

In the event that an injury does occur, the following information and permission to treat will enable Kristi's Tumbling & Trampoline to care for your child/athlete. Of course, every effort will be made to contact a legal gaurdian; however, in the event that one can not be contacted and time becomes a critical factor, this permission to treat (though optional) is important.

PERMISSION TO TREAT

I hereby give my permission to Kristi's Tumbling & Trampoline to administer emergency medical treatment or to summon trained medical professionals to care for my child in the event that an injury should occur in my absence.

Signature: _____

Date: _____

ATHLETE MEDICAL INFORMATION

Existing Medical Conditions: _____

Previous Physical Injuries (broken bones, back strain, etc.): _____

Emergency Contact Person (other than parent): _____ Phone: () _____

Doctor's Name: _____

Phone: () _____

Hospital of Choice: _____