

NORTHWEST AERIALS REGISTRATION CARD
12440 128TH LANE NE, KIRKLAND, WA 98034*(425)823-2665

STUDENT'S LAST NAME: _____

FIRST NAME(S): _____

AGE(S): _____ BIRTHDATE(S): _____

ADDRESS: _____

(city) (state) (zip)

PHONE: (home) _____

(emergency) _____

PARENT or GUARDIAN: _____

E-MAIL: _____

MEDICAL AUTHORIZATION AND RELEASE

The student(s) has my approval to participate in class activities, team workouts, competitions or other events organized by Northwest Aerials, Inc. I understand that like all physical activities, participation in gymnastics, dance, trampoline, swimming and fitness carries with it a reasonable degree of risk and agree that neither Northwest Aerials, Inc., nor its officers, directors, operators, agents or instructors may be held liable in any way for any occurrence in connection with the student's participation in gymnastics, dance, trampoline, fitness or swimming which may result in serious injury or other damages to me, my family, heirs or assigns. In consideration of being allowed to participate in such programs, I further personally assume all risks in connection therewith, whether foreseen or unforeseen, and further to save and hold harmless said corporation, its officers, directors, operators, agents or instructors from any claim by me, my family, estate, heirs, or assigns arising out of such participation

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND NORTHWEST AERIALS, INC., AND I HAVE SIGNED THIS OF MY OWN FREE WILL. I ALSO AGREE TO ABIDE BY ALL RULES OF ENROLLMENT.

I, as parent or guardian of _____ give my permission for him/her to participate in gymnastics, dance, trampoline and swimming and in consideration of his/her participation, agree individually and on behalf of him/her to the terms of the above agreement and release of liability.

Northwest Aerials, Inc. has my permission to secure emergency medical attention if I cannot be reached immediately.

Parent/Guardian or Student (if over 18) Signature:

Date: _____