

Open Gym Waiver Form 2017-2018

Student Information

Skindanda Nama	C		DOD
Student's Name:	Sex:	Age:	
Student's Name:		Age:	
Student's Name:			DOB:
Student's Name:	Sex:	Age: _	DOB:
Home Address:			Home Phone:
Mom's Name:			Cell Phone:
Dad's Name:			Cell Phone:
saa s Name.		_	
Contact Email Address:	Previous G	Gym Attended:	
Does your child have any medical conditions or allergies?			
Name of child's health insurance:			
How did you learn about Indigo Gymnastics Center?			
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION	ON OF RISK, AND INDEM	INITY AGREI	EMENT ("AGREEMENT")
n consideration of participating in Indigo Gymnastics Center non-gymnastics activities such as dance, cheerleading and			
years old, my parents or legal guardians, agree to be bound nis/her parents or legal guardians):			
(1) Acknowledgment and Assumption of Risks. I understand paralysis and death, which may be caused by my own action Activity takes place, or the negligence of the "Released Pareither not known to me or not readily foreseeable at this damages that may result from the Activity. I hereby give meazards incidental to the Activity.	ons or inactions, those of other ties" named below, or other time. I fully accept and assur	ers participating causes. I furthe me all such risk	in the Activity, the conditions in which the er understand that there may be other risks as and all responsibility for losses, cost and
(2) Representation of Ability to Participate. I understand the ohysical condition to participate in the Activity. Should I even believe that the Activity is not safe or is no longer safe for m	er believe that any of the above	ve representati	ons have become untrue, or if I should ever
(3) Release. I hereby release, acquit, covenant not to sue volunteers, sponsors, advertisers, coaches and supervisors, representative agents and employees and all other persons Parties") of and from any and all actions, causes of action, and limited to those arising from or in any way related to the comy participation in the Activity (collectively the "Released	and the owners or lessors of providing facilities or assisting claims, demands, liability, loss e negligence of any of the Rele	f any facilities was in the condustes or damages	vithin which the Activity is conducted, their ct of the Activity (collectively the "Released of whatever name or nature, including but
(4) Indemnification. I will defend, indemnify and hold harm damage, including but not limited to costs and reasonable a pehalf that is released in this document), arising out of or co	ttorney's fees (including the c	ost of any claim	I might make or that might be made on my
HAVE READ AND UNDERSTOOD THIS ACKNOWLEDGMENT AND INDEMNIFICATION. I UNDERSTAND THAT BY SIGNIN DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE (NG THIS DOCUMENT, I AM O		
Printed name of Parent or Legal Guardian	Signature of Parent or Legal G	uardian	Date