



For Office Use Only: Special Event Bday Party Open Gym Registration

SPRINGFIELD GYMNASTICS CENTER GENERAL ACTIVITIES FORM AND RELEASE, REGISTRATION, WAIVER, AND INDEMNITY AGREEMENT

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Email: _____

Emergency Contact: _____ Relationship to Child: _____ Phone _____

Child's Name #1: _____ Age _____ Date of Birth ____ / ____ / ____ M or F

Child's Name #2: _____ Age _____ Date of Birth ____ / ____ / ____ M or F

Child's Name #3: _____ Age _____ Date of Birth ____ / ____ / ____ M or F

List any Allergies/Medications/Health Concerns: _____ How did you hear about us? _____

Assumption of Risk

In consideration of the agreement of Springfield Gymnastics Center LLC (hereinafter 'SGC'), to accept my child(ren) (hereinafter Participant) as a Participant in SGC activities, the undersigned parent/guardian of said Participant acknowledges and agrees that gymnastics and related activities, including but not limited to training, competitions, observing, birthday parties, open gyms, camps, fieldtrips and the use of all machinery, equipment, and apparatus associated with such activities are very dangerous and involve the risk of serious injury or death and/or property damage. The undersigned voluntarily assumes the risk of such injury to Participant, for himself or herself and his or her personal representatives, heirs and next of kin, acknowledges, agrees, represents and warrants that each has fully assessed the risks of such activities and voluntarily accepts any and all such risks.

Release of Liability

The undersigned parent/guardian of Participant hereby releases, waives, discharges and covenants not to sue SGC, the premises owner, and their directors, officers, members, managers, shareholders, owners, employees, agents, volunteers, attorneys and sponsors, all of whom for the purposes of this agreement are referred to as "Releasees," from all liability to the parent/guardian of the said Participant and the Participant and their respective personal representatives, assigns, heirs and next of kin, for any and all loss, liability, damage or cost, and any claim or demands for the same, which each may incur on account of injury to the Participant or property of the Participant or resulting in death of the Participant, whether caused by the negligence of the Releasees or otherwise.

Medical Emergencies

The parent/guardian of said Participant agrees to indemnify, save and hold harmless the Releasees and each of them from any loss, liability, damage or cost they might incur due to participating in or observing the above-described activities, whether caused by the negligence of the Releasees or otherwise. The parent/guardian of said Participant assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of Releasees, or otherwise, while participating in or observing the above-described activities.

Indemnity

The parent/guardian of said Participant hereby declares the Participant to be physically sound, having medical approval to participate in activities of SGC. In the event of an injury, the parent/guardian of said Participant hereby gives his or her permission to SGC staff to render any first aid emergency treatment to the Participant while participating in any activity of SGC. It is understood that in an emergency situation, a conscientious effort will be made by the staff to inform the parent(s) or guardian(s) listed above. The parent/guardian of said Participant accepts responsibility for any and all medical treatment rendered to himself or herself or the Participant. The parent/guardian of said Participant grants SGC staff permission to transport or call for transport to an area hospital or treatment facility if it is deemed necessary.

Photographs/Videos

I hereby give my permission for my child to be photographed, videotapes, and/or audio taped during any SGC Activity. I further give permission for such photographs, videotapes, and audiotapes to be used in print or broadcast media as deemed appropriate for promotion of SGC Activities and for publicity surrounding participation in SGC events.

Disease Disclosure

I further acknowledge, understand, appreciate, and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others and assume full responsibility for my participation and exposure.

This agreement and waiver having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Signature of parent or legal guardian

Date