

**Registration Form for Legacy Gymnastics Summer Camp
2012**

Name of camper: _____

Age & Birthday: _____

Address: _____

Parents name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

Medical conditions or medication
details: _____

Payment Options (check one): Cash / Check _____ or ACH Draft _____

Week of Camp: (please check below)

June 18th-22nd _____

July 9th-13th _____

By signing the liability waiver, you authorize Legacy Gymnastics to act on your behalf in any medical emergency. If deemed necessary, which hospital/doctor would you prefer us to take your child to?

WARNING!!!

In consideration for the use of services, facilities, or equipment provided by Legacy Gymnastics, the participant hereby releases Legacy Gymnastics Inc., its subsidiaries, affiliates, partners, officers, directors, employees, agents and volunteers (and each of their respective heirs, assigns, and legal representatives), on behalf of the participant or his or her heirs, assigns, and legal representatives, from any and all liability for negligence, bodily injuries, death or property damage to participant, arising out of participant's use of, or presence upon property, or services of Legacy Gymnastics Inc.

The participant at Legacy Gymnastics understands, acknowledges, and agrees that acrobatics, gymnastics, tumbling and trampoline are dangerous activities, and those activities can result in injury to the person or damage to the property or to third parties, and the participant is fully aware of the risks inherent in engaging in or observing any activity at or provided by Legacy Gymnastics, no matter how careful the participants and staff, no matter what safety equipment is worn, the risk cannot be eliminated. Risk can be reduced by never eliminated.

The risk of injury includes minor injuries such as bruises, and more serious injuries such as broken bones, dislocations, and muscle pulls. The risks include catastrophic injuries such as permanent paralysis or death. These can occur from landings or falls on the back, neck, or head and other such occurrences. The participant may suffer such injuries while merely observing or being in the proximity to our activities as other participants may collide, land, or fall upon you. The participant is aware of the conditions of the facilities and that conditions may become more dangerous during the time the participant is using the premises. The participant voluntarily assumes all risk of loss, damage, or injury while on the premises. The participant acknowledges that there are various degrees of skill and experience required for the different activities and the participant will abide by the rules for the use of the various activities, including wearing all of the protective gear and equipment that is required for participation and will follow instructions of staff members. Failure to follow rules and instructions from staff may result in termination of participation in activities without refund.

The participant agrees to indemnify Legacy Gymnastics Inc. against, and save it harmless from, any and all damages, actions, claims, judgments, costs of litigation and attorney fees which may result from the participants use of or presence upon the property or facilities or services of Legacy Gymnastics, including damage to the equipment of Legacy Gymnastics, or lessor's property.

I hereby authorize Legacy Gymnastics to act for me according to their best judgment in any emergency requiring medical attention. All medical expenses incurred will be the responsibility of the participant or participant's family. I certify to Legacy Gymnastics Inc. that I have no physical condition or mental impairment that would be affected by participation in activities of Legacy Gymnastics. I permit Legacy Gymnastics to use any photographs, videotapes, motion picture recordings, or any other record taken while I am on the premises of Legacy Gymnastics, or engaged in any activity or event sponsored, promoted, or organized by Legacy Gymnastics for publicity, advertising, or any legitimate purpose.

By signing this waiver and assumption of risk and release, I acknowledge that I have read the above release and fully understand its contents. I agree to be bound by the terms of the release and understand that any and all risks, whether known or unknown, are expressly waived in advance. I certify that the participant is covered by insurance to cover any injury or damages I may suffer or cause, or else I agree to bear the costs for such injury or damage to myself or others.

PARENT OR LEGAL GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER THE AGE OF 19.

Signature of parent/legal guardian _____

Date _____

Print name of parent/legal guardian _____

Relationship to participant _____

Date _____

OFFICE USE:

Payment - Amount _____ Payment type: ACH _____ or Check/ Cash: _____

Type incl. check # _____ Front desk – Initial & date _____