



Event Registering for: (Circle)

Super Saturday   Parents Night Out   Friday Open Gym   Back- Handspring Clinic   Halloween Bash   Sleepover  
Holiday Camps   MLK Drop Off   Presidents Day Drop Off   Holiday Party   Egg Hunt   TK Olympiad   Class Meet  
TK Camp   Gymnastics/Activity Camp   Summer Drop Off

Date: \_\_\_\_\_

Cost: \_\_\_\_\_

**Student/Family Information**

(Child 1) First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

(Child 2) First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

(Child 3) First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_

Medical concerns/conditions we should be aware of: \_\_\_\_\_

**Assumption of Risk ■ Waiver of Liability ■ Photo Release**

As legal guardian of the above child(ren), I hereby consent to the aforementioned person(s) participating in the Columbus Gymnastics Academy Inc.'s programs.

By the very nature of the activity, gymnastics, cheerleading, and tumbling all carry a risk of physical injury. No matter how careful the student, and coach, no matter how many spotters are used, no matter how many mats are provided, and no matter how many times the skill may have been performed perfectly, the risk cannot be eliminated. Reduced, yes, but never eliminated.

I UNDERSTAND AND ACCEPT THAT RISK.

In consideration of my child(s) participation, I hereby release and covenant not-to-sue Columbus Gymnastics Academy, Inc., the Columbus Gymnastics Academy, Inc. Board of Directors and officers, and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Columbus Gymnastics Academy, Inc., or others listed for property damage or personal injury arising as a result of my child(ren) engaging in or receiving instruction in gymnastics, cheerleading, or any other activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child(ren) as a result of any injury sustained while training at, for, or under the direction of Columbus Gymnastics Academy, Inc.. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

I am aware that individual and group publicity photos and videos are taken and in consideration of my child(ren)'s participation, I hereby grant permission for my child(s) likeness to be used in Columbus Gymnastics Academy, Inc. publicity or advertising.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_