

Dana Mannix Gymnastics Center ADULT REGISTRATION FORM

Participant's Name _____ Birthday/Age _____
Address _____ City _____ ST _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone/ Page # _____ E-mail _____
Emergency Contact Name and Phone _____
Doctor's Name and Phone _____
Insurance Carrier _____ Policy # _____
Medical Condition that we should be made aware of _____
How were you referred to Dana Mannix Gymnastics Center, Inc.?

Dana Mannix Gymnastics Center, Inc. Policies

- Make-up classes may be scheduled with the office staff as long as your child is currently enrolled in class. Only one make-up class per session is allowed. Make-up opportunities are available every other Friday Night. There will be no credit for missed classes except under the written order of a physician.
- Dress Code: Leotard for girls or shorts & a t-shirt (tucked in) for the older girls. Boys should wear shorts and t-shirt tucked in. Jewelry is not permitted during classes.
- No food, drink, gum, etc., is allowed in the gym except in the designated break area.
- No students are to be on the gym floor unless accompanied by an instructor.
- Parents are invited to observe classes from the observation area. No parents or siblings are allowed on the gym floor or equipment.
- Parents need to be at the gym to pick up students at least 10 minutes before the conclusion of the scheduled class, particularly if the class is at 8:00 p.m. or after. Dana Mannix Gymnastics Center, Inc. is not responsible for students not picked up on time.
- A parent must be present for all private classes given at gym, no exceptions
- An annual registration fee of \$35.00 is due per family each year.
- I have read and understand the above stated policies. _____

Participant's Signature

RELEASE AND WAIVER OF LIABILITY, ASSUPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in Gymnastics Activities I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Dana Mannix Gymnastics Center, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage that I consider adequate for my protection.

Date: _____

Printed Name of Participant

Signature of Participant