

2015



2016

Team Waiver and Registration Form

Student's Name _____

Date of Birth _____

2nd Student Name _____

Contact Name _____

Phone _____

Address _____

City, State, Zip: _____

Email Address _____

Emergency Contact _____

Phone _____

Hospital Preference _____

Please list any medical conditions or allergies we should be aware of below.

WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: FUSION GYMNASTICS CENTER, LLC IS NOT RESPONSIBLE FOR ANY INJURY(OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, BIRTHDAY PARTIES, OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, CHEERLEADING, OR PRESCHOOL CLASSES OR TEAMS AT FUSION GYMNASTICS CENTER, LLC FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF FUSION GYMNASTICS CENTER, LLC, ITS OWNERS, OFFICERS, AGENTS, OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not-to-sue Fusion Gymnastics Center, LLC, the Fusion Gymnastics Center, LLC 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 Fusion Gymnastics Center, LLC, or others listed for property damage, personal injury, or wrongful death, arising as a result of my 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. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that gymnastics and cheerleading are vigorous sporting activities involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics, cheerleading, and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and the mats, pits, and other safety equipment and apparatus provided for my protection including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of their participants who may not have complete control over their actions or who may not see other students in the gym. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless Fusion Gymnastics Center, LLC and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in Fusion Gymnastics Center, LLC activities or any activities incidental thereto, whenever, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Pennsylvania and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Pennsylvania.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by agreeing to these statements, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of Fusion Gymnastics Center, LLC or any person listed above.

Signature of Parent or Guardian

Signature of Participant (18 or older)

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Photograph Release

Student(s) Name(s) _____

I _____ hereby grant Fusion Gymnastics Center, its representatives and employees the right to take photographs of me, my property, and dependents in connection with the identified subject. I agree that Fusion Gymnastics Center may use such photographs with or without my name and for any lawful purpose, including for suce purposes as publicity, illustration, advertising, and/or web content.

_____ I grant permission for Fusion Gymnastics Center to use these photographs in print form.

_____ I grant permission for Fusion Gymnastics Center to use these photographs electronically for any use including, but not limited to, advertising, promotions, on social media, and on the Fusion Gymnastics Center web site.

Medical Permission

The following is permission for medicines that your child is ALLOWED to have during practice. Please initial beside each medication that your child is allowed to have.

_____ Childrens Advil (Ibuprofen)

_____ Childrens Tylenol (Acetaminophen)

_____ TUMS

_____ Benadryl

_____ Neosporin

Signature _____ Date _____

Printed Name: _____

Address: _____

Phone: _____