

2015



2016

10 Citation Lane, Lititz, PA 17543 (717) 560-4978, www.fusion-gymnastics.com

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)

Payment Options – Please Check One

- Session Invoice to be EMAILED (to be paid by the 1st of each Session)
- Session Invoice to be Mailed (to be paid by the 1st of each Session)
- Session Direct Billing – Billed Directly to your Credit Card on the 1st class of Session
- Six Months – Paid in Full (5% discount)
- 12 Months – Paid in Full (10% discount, registration fee waived)

Registration Fee of \$35 for Single Member, \$45 for Family Paid Yearly

Make-up policy – Make-up classes must be scheduled through the office. There is no session fee reduction for missed classes.

FUSION GYMNASTICS CENTER

2015 – 2016 Registration Form

Student's Name: _____ Date of Birth: _____

Class Information: Day: _____ Time: _____ Class Name: _____

2nd Student's Name: _____ Date of Birth: _____

Class Information: Day: _____ Time: _____ Class Name: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Address: _____ Alt. Phone: _____

City, State, Zip: _____

Email Address: _____ **(Required for invoicing)**

For Office Use: Method of Payment: Check Card Cash

Check # _____ Cash Receipt# _____

Direct Billing Option:

I, _____, acknowledge that my credit card will be charged on the 1st class of each session until membership is cancelled in writing (written cancellation request must be received 30 days prior to date of actual cancellation). I agree to allow session charges, including yearly registration fee and tuition to be directly billed to given credit card. FGC will take responsibility for protecting and securing all members personal and financial information.

Signature _____

Today's Date _____

Effective Date _____ End Date _____

Exp. Date _____

Name on Card _____

MEDICAL INFORMATION FOR GYMNASTICS

Please indicate if any medical conditions are applicable:

- Bones and joints Muscles Organs Weight Problem
 Chronic Ailments Asthma, or other respiratory problems Allergies
 Circulatory or Heart Problems Tetanus Shots Diabetes or Hypoglycemia Epilepsy
 Hemophilia, or other Bleeding Problems Other, if Significant _____

Please specify problem areas such as anxieties, fears, hyperactivity, hypersensitivity. _____

Please specify any history of injured bodily parts, weakness, etc. _____

Date of Last Physical Exam _____

Physician _____