



The Ohio Gymnastics Institute

5701 West Webb Road
Austintown, OH 44515

E-mail: TeamOGI@AOL.com / www.MyTeamOGI.com

Voice: 330-652-4386

Fax: 330-652-4387

Adult Participant Information	
Full name	
Nickname	
Home address (will be used for billing)	
City, State, Zip Code	
Home phone	
Additional phone	
Alternate contact name and phone	
E-mail address	
Birthday (MM/DD/YYYY)	
AAU Adult Athlete Membership ID#	
How did you hear about OGI?	
If from an OGI friend, let us know who so we can thank them!	
Additional Information	
AAU Membership Number: The Office can assist you in obtaining this number. All adults must be active AAU Members in order to participant in any OGI activities (classes, open gyms, private lessons, etc.).	
Are you:	New <input type="checkbox"/> Returning <input type="checkbox"/>
Any immediate family currently attend OGI?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, who?	
Has another immediate family member ever attended OGI?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, who?	
Do you have any physical/mental conditions we should be aware of? If so, please explain briefly below:	



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RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT:

In consideration of participating in the above referenced program(s) at the Ohio Gymnastics Institute, 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 my 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 participation in the activities.

I hereby release, discharge and covenant not to sue the Ohio Gymnastics Institute, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of the premises on which the activity takes place (each one considered as 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 foregoing RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, and 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.

Printed name of Adult Participant

Signature of Adult Participant

PLEASE READ THE FOLLOWING TWO POLICIES REGARDING: (1) USE OF LIKENESS, NAME, Etc., and (2) PAYMENTS. SIGN BELOW INDICATING YOU UNDERSTAND AND AGREE TO ABIDE BY THESE POLICIES.

(1) I understand that at times OGI and its affiliates may take photographs or other images of activities in the gym for media and public relations purposes. Accordingly, I: (a) authorize OGI and its affiliates in perpetuity, without compensation or limitation, to reproduce, disseminate, and/or publish my image, name, voice, photograph, and/or likeness for media coverage, public relations, or any other lawful purpose, which may involve the use of photographs, names, films, and/or videotape recording and/or any other form of media, whether currently in existence or not; and (b) understand that OGI/its affiliates retain title and unlimited rights to all such media.

(2) I understand that payments are due on the 1st of each month in advance of the upcoming month. A \$5.00 discount will be applied only to payments received in the office on or before the 1st. A 10% late fee will be applied to any outstanding balance after the 7th of each month. **THERE ARE NO REFUNDS.** Once I enroll as a participant/student, a class space will be held for me until such time that I personally notify office staff regarding any changes in my schedule of gymnastic classes. I understand that I will continue to be responsible for fees until I notify the office of any changes in my gymnastics class schedule. I understand that I will be removed from the class roster after the 14th of the month should the following occur: unexcused absence of two weeks and no payment for the month. The Lesson Fees for the reserved class times are my responsibility. Failure to abide by any OGI policy will result in termination of registered member status.

Signature of Adult Participant
081312

Date