TRIAL CLASS REGISTRATION

Name of Parent/Guardian: _____ Cell Number: _____

Name of Student: _____ Address: _____

Age: _____ Trial Class: _____ Date: _____

Email: _____

Everest Gymnastics & Tumbling Center Liability Release and Injury Warning

RISK OF INJURY WARNING AND RELEASE INFORMATION

In consideration of your child's participation in activities at Everest Gymnastics & Tumbling Center: I (we) state that I (we) understand the nature of this activity and that the student(s) are qualified, in good health, and in proper physical condition to participate in this activity. Everest Gymnastics is warning that GYMNASTICS, TRAMPOLINE AND TUMBLING HAS A RISK OF PHYSICAL INJURY THAT CANNOT BE ELIMINATED. Included are minor injuries and more serious ones such as broken bones and dislocations. The risk also includes catastrophic injuries such as permanent paralysis or even death from landing or falling. I (we) fully accept and assume all responsibility for injuries, loss, damages, and costs incurred as a result of participation in this activity. As a participant or legally responsible person for the student(s) listed above, I (we) recognize the serious risk in gymnastics, trampoline and tumbling. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owners, operators, coaches and other members of Everest Gymnastics & Tumbling Center from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, teams, lessons, or any programs or activities of Everest Gymnastics & Tumbling Center.

Signature of Parent: _____ Date: _____

SAFETY INFORMATION

All students must be picked up promptly at the end of class. If children are required to wait for your arrival, they must not leave the buidling. Please plan to stay with young children during their class. If you need to leave your child during their class, make sure they know that the desk has your cell phone number and are aware you willl be gone. If you will be late for pickup of your child, please make sure to call the gym to inform your child that they should wait in the lobby until you arrive. Please use the utmost safety when driving in, out and throughout the parking lot.

Signature of Parent: _____ Date: _____

Office Use:
Trial Class/Program: _____ Date: _____