



THE TURN AROUND

127 CENTRAL AVENUE SW
LE MARS, IOWA 51031
(712) 546-8486



PLEASE PRINT

Dad Name _____ Mom Name _____ Last Name _____

Address _____ Phone _____

City _____ ST _____ Zip _____ Other Phone _____

Students Name _____ Gender _____ Age _____ DOB _____

Students Name _____ Gender _____ Age _____ DOB _____

Students Name _____ Gender _____ Age _____ DOB _____

E-Mail _____ In computer (office use only) Yes No

Release of Liability Waiver

Name of child participant (if under 18): _____

Name of adult participant/parent: _____

I, (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks associated with participation in gymnastics and dance programs and activities.

I, (we) knowingly and willingly assume all such risks. Consequently, I, (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owner, operators, coaches, and other members of The Turn Around from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of The Turn Around.

Parent Signature

Minor Release

Name of Parent/Guardian

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minors experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, loses, or damages on the minor's account including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minors behalf makes a claim against any of the releases named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Signature of Parent or Guardian Date

Date

By signing said waiver you are agreeing to abide by all of The Turn Around rules and policies posted and un-posted.