



The Ohio Gymnastics Institute, Inc.

5701 West Webb Road
Austintown, OH 44515

330-652-4386 (voice) / 330-652-4387 (fax) / OGIoffice@aol.com (E-mail) / www.MyTeamOGI.com (website)

OPEN GYM PARTICIPANT REGISTRATION FORM ADULTS (AGES 18 & OLDER)

Last Name (participant)	First Name	Date of Birth
-------------------------	------------	---------------

Home Address

City	State	Zip
------	-------	-----

Primary Phone #	Alternate #	Emergency Contact Name	Emergency Contact #
-----------------	-------------	------------------------	---------------------

Email Address

AAU Membership Number: _____

Open Gym participants 18 years old and older who are not otherwise enrolled in an instructional class at OGI must be active AAU Members in order to participate in any OGI Open Gym. The Office can assist you in obtaining this number. If you purchase a yearly membership at OGI for \$35.00, the AAU Membership is included and you are eligible for the membership rate for Open Gym.

******Two phone numbers are required - alternate # can be a cell or work # at which you can be reached.***

Do you have any physical or mental conditions of which we should be aware?

Please refer to the OGI Policies and Guidelines as they relate to Open Gym for pre-registration, payment, and conditions of participation requirements.



The Ohio Gymnastics Institute, Inc.

5701 West Webb Road
Austintown, OH 44515

330-652-4386 (voice) / 330-652-4387 (fax) / OGIoffice@aol.com (E-mail) / www.MyTeamOGI.com (website)

CONSENT – OPEN GYM - AGES 18 & OLDER - 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, costs, 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 Participant

Signature of Participant

Date

PLEASE READ THE FOLLOWING POLICY REGARDING USE OF LIKENESS, NAME, Etc. and SIGN BELOW INDICATING YOU UNDERSTAND AND AGREE TO ABIDE BY THE POLICY.

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.

Signature of Participant

Date

021017