

Registration/Release Waiver 2019

PARENTS OR GUARDIANS/EMERGENCY CONTACTS



Name _____ Relationship _____

Cell Phone _____ Texting OK? _____

Home Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Email (*REQUIRED) _____

*If you opt out of our emails you will NOT receive any information from us including invoices, newsletters, and receipts.

Name _____ Relationship _____

Cell Phone _____ Texting OK? _____

Home Phone _____ Work Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

How did you hear about us?

Website Radio Facebook Television Newspaper Special Event _____ Family/Friends _____

STUDENT/CHILD

#1 Name _____ Male/Female Birthday ____/____/____

Allergies/Medical Conditions _____

#2 Name _____ Male/Female Birthday ____/____/____

Allergies/Medical Conditions _____

#3 Name _____ Male/Female Birthday ____/____/____

Allergies/Medical Conditions _____

ASSUMPTION OF RISK – WAIVER OF LIABILITY – MEDICAL AUTHORIZATION – MEDIA RELEASE

I, _____, recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, and cheerleading. I am also aware that participation in day camps, meets, halftimes, competitions, and other performances involves transportation to and from events and as a result I could be killed in a vehicular accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in and all Mismo Gymnastics Programs, camps, and activities and I ACCEPT ALL RISKS associated with that participation. In consideration for allowing myself to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors hereby CONVEYANT NOT TO SUE and FOREVER RELEASE Mismo Gymnastics, its officers, directors, shareholders, employees, or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision or control of Mismo Gymnastics Inc., including without limitation those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents. In the event of an accident or emergency I would like the above-mentioned adult to be taken to a hospital for medical treatment and I hold Mismo Gymnastics, and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by myself as a result of any injury sustained while participating at or for Mismo Gymnastics.

MEDIA RELEASE: I am aware that parents, grandparents, media, employees, or other persons may take photos or videos on the Mismo Gymnastics premises and in consideration for my or my child(ren)'s participation I hereby grant my permission for my or my child(s) likeness to appear on the internet or in electronic or printed publicity or advertising.

I have read and understand this ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.
Signed and dated by you!

Print Name _____ Signature _____ Date _____