



8413 Pines Boulevard, Pembroke Pines FL 33024

www.sunnygymnastics.com

sunnygymnastics@gmail.com

(754) 217 - 4597



**Trial Class Registration Form**

**Primary Phone #**

1 <sup>st</sup> Child Full Name	DOB	M/F
---------------------------------	-----	-----

2 <sup>nd</sup> Child Full Name	DOB	M/F
---------------------------------	-----	-----

3 <sup>rd</sup> Child Full Name	DOB	M/F
---------------------------------	-----	-----

Parent/Guardian Full Name	Email
---------------------------	-------

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

Employer	Work #	Cell #
----------	--------	--------

Emergency Contact	Emergency #
-------------------	-------------

My child \_\_\_\_\_ has the following medical history and/or medical condition and/or medication regimen that Sunny Gymnastics LLC needs to be aware of:

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")**

In consideration of participating in the Sunny Gymnastics LLC, classes or special events, 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 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 event takes place, or the negligence of the participant 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 my participation in the activity.

I hereby, release, discharge, and covenant not to sue Sunny Gymnastics LLC, its respective administrators, directors, agents, offices, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and leasers' of premises on which the activity takes place, (each considered one of the "releasers" 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 "releasers" or otherwise, including negligent rescue operation and future 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 Releasers, I will indemnify, save, and hold harmless each of the Releasers from any loss, liability, damage, or cost, which any may incur as the result of such claim.

**PARENTAL CONSENT**

I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, 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.

I further grant the Released the right to photograph and/or videotape me and/or my child or ward and further to display, use and/or otherwise exploit me and/or my child or ward's name, face, likeness, voice and appearance forever and throughout the world, in all media whether now known or hereafter devised. This includes all media without limitation.

Date: \_\_\_\_\_ Name Parent/Guardian \_\_\_\_\_ Signature Parent/Guardian \_\_\_\_\_