



3710 Grandview Dr.
Simpsonville, SC. 29680
Phone: (864) 967-8931

REGISTRATION FORM (\$25.00 Annual Fee)**

Gymnast's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____ Age: _____

Medical Insurance Co.: _____ Policy: _____

Mother: _____ Work Phone: _____

Father: _____ Work Phone: _____

In Case of Emergency: _____ Phone: _____

Class: _____ Day: _____ Hour: _____

PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK

In consideration of service of **ELITE GYMNASTICS LLC**. their agents, owners officers, employees and all other persons or entities acting in any capacity on their behalf, I hereby agree to release and discharge **ELITE GYMNASTICS LLC**. on behalf of myself, my children, my parents, my heirs, assigns, personal respective and estate as follows:

1. I understand and acknowledge that the activity I am about to engage in poses known risks and unanticipated risks which could result in injury, paralysis, death, emotional distress, or damage to myself, to property, or to third parties.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless **ELITE GYMNASTICS LLC.** from any and all claims, demands, or cause of action, which are in any way connected with my participation in this activity or my use of **ELITE GYMNASTICS LLC.** equipment or facilities, including any such claims which allege negligent acts or omission of **ELITE GYMNASTICS LLC.**
4. I hereby acknowledge that any photographs taken during class at **ELITE GYMNASTICS LLC.** are property of **ELITE GYMNASTICS LLC.** and may not be used for advertising purposes.
5. I hereby authorize and direct **ELITE GYMNASTICS LLC.** permission to obtain any and all necessary emergency medical treatment, services, and medication, including but not limited to emergency transportation, treatment or any other means necessary to protect the life and health of my child in event that either parents or emergency contact person are unattainable at the time of incident.

My signature below indicates that I have had sufficient opportunity to read this entire document, and I have read it and that I understand it affects my legal rights; I agree by its terms.

Signature of Participant: _____ Print Name: _____

Address: _____

Phone: _____ Date: _____

**PARENT OR GUARDIAN’S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

In consideration of------(print minor’s name) being permitted

By-----
(Parent or Guardian) to participate in the gyms activities and to use the gyms equipment

and facilities, I Further agree to indemnify and hold harmless----- from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____

** \$25.00 Annual Registration Fee – This should be a separate check