

# Carroll County Recreation Gymnastics

Childs Name: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_

Sex: M F

Parent/Guardian Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

School:

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Concerns/Allergies:

\_\_\_\_\_

**Late Payments:** If you do not make a payment during Week 1 of classes, a \$5.00 late fee will be added to your account each week until paid. \_\_\_\_ (Initial)

**Service Charge:** There is a \$35.00 charge for all returned checks. All credit and debit charges will be charged an additional fee set by the card company. \_\_\_\_ (Initial)

**Withdrawals:** If you chose to withdraw from our program a 2 week notice is required. If you do not provide notice you will be responsible for the payment and your account will be charged. \_\_\_\_ (Initial)

DISCLAIMER: CARROLL COUNTY RECREATION DEPARTMENT AND STAFF IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TRAINING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, SPECIAL EVENTS, DEMONSTRATIONS OR SHOWS, OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS OR TUMBLING AT CARROLL COUNTY RECREATION DEPARTMENT FOR ANY REASON WHAT SO EVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF GYMNASTICS, OFFICERS, AGENT OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not to sue Carroll County Recreation Department or any of their employees, teachers, coaches or agents from any and all present or future claims resulting from ordinary negligence from Carroll County Recreation Department or others listed for property damage, personal injury or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics or any other activities or any activities incidental thereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs or assigns.

Further, I am aware that gymnastics and tumbling is a vigorous sporting activity involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics, and related activities always involve certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage and serious injury to virtually all bones, joints, muscles and internal organs and that the mats, pits and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or knowledge of the risks involved and hereby agree to accept my and all inherent risks of property damage, personal injury or death.

I further agree to indemnify and hold harmless the Carroll County Recreation Department, and all other listed for any and all claims arising as a result of my engaging in or receiving instruction from the staff of the Carroll County Recreation Department activities or any activities incidental thereto, whenever, wherever or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Georgia and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the State of Georgia.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence from Carroll County Recreation Department or any person listed above.

Participant(s) Name (first and last): \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

