

ATHLETE AUTHORIZATION

I fully understand that the staff of Balance 180 Gymnastics and Sports Academy Inc. (Balance 180) are not physicians nor medical practitioners of any kind. With that in mind, I hereby release Balance 180 to render first aid to my child in the event of any injury or illness, and if deemed necessary to call an ambulance, which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical expenses incurred as a result of training, performing, or participating in activities with Balance 180. **INITIALS:** _____

Does your child have any medical conditions or take any medications we should be aware of? (ex.: asthma, breathing problems, heart condition, etc.):

Has your child had any recent injuries or surgeries or any other medical condition (mental or physical) we should be aware of:

Date of last physical: _____ Result: _____

ASSUMPTION OF RISK - WAIVER OF LIABILITY – PHOTO RELEASE – ENROLLMENT POLICIES

As a parent or legal guardian of : _____, I hereby consent to his/her participation in any or all of the programs offered by Balance 180 Gymnastics and Sports Academy Inc. (Balance 180). I understand that participation in gymnastics, tumbling, trampoline, dance, and any and all other activities at Balance 180 may result in unavoidable injuries. These injuries include but are not limited to: muscle and other soft tissue strains, sprains and tears, broken bones, concussions, and severe injuries such as paralysis, permanent disability or even death from various causes, known and unknown. These causes include, but are not limited to: the heights of the equipment and the body during certain movements, rotation of the body, and movement of the body in a unique environment. I am fully aware of all the inherent risks involved in gymnastics, tumbling, trampoline, dance, and any and all other activities at Balance 180 and the possibility of injury from participating in the aforementioned activities.

In consideration for allowing my child to participate in activities offered by Balance 180 I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have or my child has against Balance 180. This includes any agent, employee, representative, or other acting on their behalf. I also agree to indemnify, defend and hold harmless Balance 180, or any agent, employee, representative, or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by Balance 180. It is also my intent to release Balance 180, or any agent, employee, representative, or other acting on their behalf, from liability for ordinary negligent conduct, which may occur in the future, and I agree not to sue.

I am aware that individual and group publicity photos, recordings and videos are taken from time to time and in consideration for my child(ren)'s participation I hereby grant my permission for my child(ren)s' likeness to be used forever in any of Balance 180's publicity or advertising.

Balance 180 offers a year round program and enrollment in a class will continue until change of enrollment request is received and processed. Change of enrollment requests must be made in writing by the 20th of the last month that your child will be actively enrolled. Please note that Balance 180 does not bill, and payments are due on the first day of the month. A \$10 late fee is charged if your payment is received after the 10th of the month. If payment has not been received by the 17th of the month, your child's space in a class may be given to a wait-listed student. Should any part or parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect.

This authorization, acknowledgement of risk and waiver of liability, photo release and the enrollment/payment policies has been read, understood completely, and signed voluntarily by me. I am 18 years of age or older.

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

FOR OFFICE USE ONLY NR RG DSC _____ FUP ____ / ____ / ____