## Springer's Gymnastics Release Form

Name		Date of F	Rirth
NameAge as of August 31, 2020	Street Address	Date of L	)II (II
City State	011661 Add1633		
City State Phone School	219 ol '20-'21		_ Grade'20-'21
PARENT/GUARDIAN INFORMATION			
Parent/Guardian's Name		_	
Parent/Guardian's Mailing Address _ City			
City		State	
Home Phone #			
Work Phone # Mom/Dad			
Mom's Cell Phone #			
Dad's Cell Phone #			
Gym Information (Please check all th			
<b>DAYCARE CLASSES &amp; CAM</b> Day Program. I give Springer's staff perr			
facility for their skill class. I am fully awar regulated by the Texas Department of Fa child's licensed facility liable for my child I hereby release Springer's Gymnastics	re that Springer's G amily and Protective once my child is si and Creekside Fello	ymnastics Classe e Services and u gned over to Spr owship, and all g	es are NOT protected nor nderstand the State nor is my inger's Gymnastics.  ym staff and coaches of
Springer's gymnastics from any claims, I arise.			
			AMP: My My child is a member of
Springer's Gymnastics Camp licensed by	•	•	Protective Services Before or
After School Program, Holiday Day Cam			member of Springer's Gymnastics
which is exempt from State licensing and and Protective Services and only attendsYESNO My child will be rice. I take advantage of this service and I am Gymnastics Camp, my child MUST be part Gymnastics Camp and charged an additional ** There cannot be unsupervised children you for your cooperation with this matter. Class you are signing up for:	s skilled gymnastic ding the bus to Sprin n not a member of S icked up at 5:00 or tional \$20.00 per me en at Springer's befor	or tumbling classinger's after school of the	s through Springer's Gymnastics. of for class. ** I understand that if chool Program through Springer's stitled to be enrolled in Springer's ion fees from 4-6 on class days. Child's specified class time. Thank
Additional Discounted Classes:			
Gymnastics/Tumbling Experience			
I, (Guardian medical care is necessary and advisable child. I hereby release Springer's Gymna Springer's gymnastics from any claims, I arise.	e should an emerge astics and Creeksid	ncy arise which we Fellowship, and	would require treatment for my dall gym staff and coaches of
Hospital name	Hosp	ital Address	
Hospital Phone Number	 Do	ctor's Name	
Doctor's Phone Number	Doct	or's Address	
LIST ANY KNOWN ALLERGIES/MEI			
Signature			
**Annual registration fee- \$75.00			
** Monthly Class Tuition Fee (Effect			
1st Class- \$75.00 per month	Additional Class	<u>es</u> - \$60.00 per	· month per class
Before and After School Program-	·	<del></del>	•
**5% transaction fee added to all a	•	•	•

## PHOTO RELEASE WAIVER

I hereby authorize Springer's Gymnastics LLC, and Ninja Zone to publish the photographs and videos taken of me and/or the undersigned minor children, and our names, for use in the printed publications, website and training purposes. I release Springer's Gymnastics LLC and Ninja Zone from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the use of their photographs, videos and names. I acknowledge that since participation in publications and websites produced by Springer's Gymnastics LLC and Ninja Zone is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced Springer's Gymnastics LLC and Ninja Zone confers no rights of ownership whatsoever. I release Springer's Gymnastics LLC and Ninja Zone, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

## WAIVER OF LIABILITY

In Consideration of participation in Gymnastics/Ninja Zone, 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 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 participation in the event, the conditions in which the event takes place, or the negligence of the "releases" named below. 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 Springer's Gymnastics LLC, Springer's Gymnastics Camp, Creekside Christian Fellowship or Ninja Zone, its respective administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the RELEASEES herein), from all liability, claims, demands, losses, or damages on my account caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations 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 Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

Any and all Tumbling, Gymnastic, Activities and Ninja skills will be conducted in a safe gym environment and will hold Springer's Gymnastics LLC, Creekside Christian Fellowship and Ninja Zone harmless of any injuries incurred in and outside gym areas.

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.

Signature_		