Spri	nger's Gymnast	ics Release Form	
ATHLETE INFORMATION			
Name Age as of August 31, 2021		Date of B	irth
Age as of August 31, 2021	Street Addre	ess	
City State Phone Scho	Zip		
PhoneScho	ol '21-'22		_Grade'21-'22
PARENT/GUARDIAN INFORMATIC		⊑ na ail	
Parent/Guardian's Name Parent/Guardian's Mailing Address	(:f::ff = = = = + + + = = = =	Email	
Parent/Guardian's Mailing Address	(if different than	child's)	
City		State	Zip
Home Phone #			
Work Phone # Mom/Dad			
Mom's Cell Phone #			
Dad's Cell Phone #			
Gym Information (Please check all t	he sections that	tapply)	
DAYCARE CLASSES & CAN			nnastics Preschool Gymnastics
Day Program. I give Springer's staff per			
facility for their skill class. I am fully awa			
regulated by the Texas Department of F			
child's licensed facility liable for my child			
I hereby release Springer's Gymnastics			
employees and coaches of Springer's g	ymnastics from a	any claims, liabilities	of whatsoever nature,
individually and collectively that may ar			
BEFORE/AFTER SCHOOL,	DAY CAMPS &	OR SUMMER CA	MP: My child is a member of
Springer's Gymnastics Camp licensed			rotective Services Before or
After School Program, Holiday Day Car			
			nember of Springer's Gymnastics
LLC which is exempt from State licensii			
Family and Protective Services and onl	y attends skilled (gymnastic or tumblin	g class through Springer's
Gymnastics.			
YESNO My child will be rid	ding the bus to Sp	pringer's after school	for class. ** I understand that if
I take advantage of this service and I and			
Gymnastics Camp, my child MUST be			
Springer's before or after your child's sp	pecified class time	e. Thank you for you	r cooperation with this matter.
I, (Pai	cont/Guardian) ra	quest the personnel	of Springer's Cympostics to seek
whatever medical care is necessary and			
for my child. I understand that Springer			
responsible for providing insurance for			
LLC or Springer's Summer Camp. I agr		• •	
child. I agree to assume full financial re	•	•	
activities at Springer's Gymnastics LLC			
I hereby release Springer's Gymnastics			ship, and all Springer's
Gymnastics LLC employees from any c	laims, liabilities o	f whatsoever nature,	, individually and collectively that
may arise.			
Hospital name	Hc	spital Address	
Hospital Phone Number	[Doctor's Name	
Doctor's Phone Number	D	octor's Address	
LIST ANY KNOWN ALLERGIES/ME	EDICAL CONDI	TIONS	
Signature		Date	
**Annual registration fee- \$75.00 per year (include	es one t-shirt) Additio	nal shirts- \$20	
** Monthly Class Tuition Fee (Effective September			
Additional Classes- \$60.00 per month per class			(Urop Ott- 6:15am & Pick up- 6:30pm)
**5% transaction fee added to all online credit, del	The status to the state		

****WAIVERS ATTACHED MUST BE READ AND SIGNED TO PARTICIPATE IN ACTIVITIES AT SPRINGER'S GYMNASTICS LLC****

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.

Signature of Parent or Guardian of Participant Date Date	
--	--

WAIVER OF LIABILITY

(Initial) In Consideration of participation in Gymnastics/Ninja Zone/Tumbling, I represent that I understand the nature of this Activity and that I am gualified, 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 (NinjaZone, tumbling and/or gymnastics) and the usage of the equipment skills are practiced on during the activities 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 and/or on the equipment used in Springer's Gymnastics LLC, 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.

_____(Initial) I understand that Springer's Gymnastics LLC, as well as any Springer's Gymnastics LLC employee or coach, is not responsible for providing insurance for the child enrolled and participating at Springer's Gymnastics LLC or Springer's Summer Camp. I agree to provide adequate accident and medical insurance for the above child. I agree to assume full financial responsibility for any injury that may occur due to the participation in activities at Springer's gymnastics and on this property.

_____(Initial) 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.

My child, ________, has permission to participate on the warped wall and all Ninja Real Life equipment at Springer's Gymnastics LLC. I understand the risk and dangers of allowing my child participate on the Ninja Warped Wall and Real Life Ninja equipment. 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.

	Signature of Parent or Guardian of Partici	pant	Date
--	--	------	------