## Springer's Gymnastics LLC Release Form

ATHLETE INFORMATION		D	D' 4	
Name	C4 A 11	Date of	Birth	
Age as of August 31, 2022				
CityState	Zlp		——————————————————————————————————————	
Phone Scho	001 22-323		Grade 22- 23	
PARENT/GUARDIAN INFORMA				
Parent/Guardian's Name Parent/Guardian's Mailing Address		_Email		
Parent/Guardian's Mailing Address	(if different than ch	nild's)		
City		State	Zip	
Home Phone #				
Work Phone # Mom/Dad				
3.6 3 G 11.D1 //				
Dad's Cell Phone #				
Gym Information (Please check a	all the sections that	t apply)		
DAYCARE CLASSES & C. Day Program. I give Springer's staf			er's Gymnastics Preschool Gymi d to and from their licensed child	
facility for their skill class. I am fully				
regulated by the Texas Departmen		•	•	
child's licensed facility liable for my				
I hereby release Springer's Gymna	stics LLC and Cree	kside Fellows	hip, and all Springer Gymnastic	s LLC
employees and coaches of Springe		n any claims,	liabilities of whatsoever nature,	
individually and collectively that ma				
			R CAMP: My child is a membe	
Springer's Gymnastics Camp licens After School Program, Holiday Day	Camp or Summer	Camp.	•	
			only a member of Springer's Gyn	
LLC which is exempt from State lice				
Family and Protective Services and Gymnastics.	d only attends skilled	d gymnastic c	or tumbling class through Spring	er's
YESNO My child will be	e riding the bus to S	pringer's afte	r school for class. **	nd that if I
take advantage of this service and				
Gymnastics Camp, my child MUST				
Springer's before or after your child	l's specified class til	me. Thank yo	ou for your cooperation with this	matter.
I,(Pa	rent/Guardian) reques	st the personne	l of Springer's Gymnastics to seek	whatever
medical care is necessary and advisable	e should an emergenc	cy arise which	would require treatment for my chil	ld. I
understand that Springer's Gymnastics	LLC, as well as any s	staff member o	r coach, is not responsible for prov	iding
insurance for the above child enrolled				
agree to provide adequate accident and				
responsibility for any injury that may of	occur due to the partic	cipation in activ	vities at Springer's Gymnastics LLC	2 and on
this property.	***	al 1 1 E II	1. 110	
I hereby release Springer's Gymnastics				ics LLC
employees from any claims, liabilities		•	•	
Hospital name	Hospi	tal Address		
Hospital Phone Number Doctor's Phone Number	Doc	tor's Name		
Doctor's Phone Number	Docto	or's Address_		
LIST ANY KNOWN ALLERGIES				
Signature		Date		
**Annual registration fee- \$75.00 per year (i ** Monthly Class Tuition Fee (Effective Septe				n
Additional Classes + \$60.00 per month per class				

<sup>\*\*5%</sup> transaction fee added to all online credit, debit and e-check payments.

\*\*\*\*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.

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			
WAIVER OF LIABILITY				
(Initial) In Consideration of participation in Gymnastics/Ninja Zone/Tumbling understand the nature of this Activity and that I am qualified, in good health, and in to participate in such Activity. I acknowledge that if I believe conditions are unsafe discontinue participation in the Activity. I fully understand that this Activity (NinjaZogymnastics) and the usage of the equipment skills are practiced on during the active serious bodily injury, including permanent disability, paralysis and death, which material actions, or inactions, those of others participation in the event, the conditions in who responsibility for losses, cost, and damages I incur as a result of my participation in the equipment used in Springer's Gymnastics LLC, I hereby release, discharge, at Springer's Gymnastics LLC, Springer's Gymnastics Camp, Creekside Christian Ferespective administrators, directors, agents, officers, volunteers, employees, other advertisers and, if applicable, owners and lessors of premises on which the Activitic considered one of the RELEASEES herein), from all liability, claims, demands, lost account caused in whole or in part by the negligence of the "releases" or otherwise rescue operations and future agree that if, despite this release, waiver of liability, or anyone on my behalf, makes a claim against any of the Releases, I will indemn harmless each of the Releases from any loss, liability, damage, or cost, which any such claim. (Initial) I understand that Springer's Gymnastics LLC, as well as any Springer's employee or coach, is not responsible for providing insurance for the child enrolled an Gymnastics LLC or Springer's Summer Camp. I agree to provide adequate accident at the above child. I agree to assume full financial responsibility for any injury that may on	n proper physical condition, I will immediately one, tumbling and/or vities involves risks of ay be caused by my own nich the event takes place, ch risks and all n the Activity and/or on and covenant not to sue ellowship or Ninja Zone, its participants, sponsors, y takes place (each ses, or damages on my e, including negligent and assumption of risk I, ify, save, and hold may incur as the result of a Gymnastics LLC d participating at Springer's and medical insurance for			
in activities at Springer's gymnastics—and on this property(Initial) I have read the Release and Waiver of Liability, Assumption of Risk Agreement, understand that I have given up substantial rights by signing it and ha without any inducement or assurance of any nature and intend it to be a complete of all liability to the greatest extent allowed by law and agree that if any portion of the invalid the balance, notwithstanding, shall continue in full force and effect.	ve signed it freely and and unconditional release			

Signature of Parent or Guardian of Participant \_\_\_\_\_\_

## WAIVER OF LIABILITY- NINJA WARRIOR EQUIPMENT AND WARPED WALL

My child,	, has permission to participate	on the warped wall and all
Ninja Real Life equipment at Spring	ger's Gymnastics LLC. I understand the risk a	nd dangers of allowing my
child participate on the Ninja Warpe covenant not to sue Springer's Gyn Fellowship or Ninja Zone, its respect other participants, sponsors, advert Activity takes place (each considered losses, or damages on my account otherwise, including negligent rescu liability, and assumption of risk I, or	ed Wall and Real Life Ninja equipment. I herely mastics LLC, Springer's Gymnastics Camp, Cotive administrators, directors, agents, officers issers and, if applicable, owners and lessors of ed one of the RELEASEES herein), from all lia caused in whole or in part by the negligence are operations and future agree that if, despite anyone on my behalf, makes a claim against is each of the Releases from any loss, liability,	by release, discharge, and Creekside Christian s, volunteers, employees, f premises on which the ability, claims, demands, of the "releases" or this release, waiver of any of the Releases, I will
Signature of Parent or Guardian of	Participant	Date