**Charlotte Gymnastics Academy – *Registration & Waiver Form***

Students Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_ Age: \_\_\_ Sex: M F

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Students Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_ Age: \_\_\_ Sex: M F

Students Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_ Age: \_\_\_ Sex: M F

**When you have any participant that is a** minor

**Parent or Legal Guardian should sign the name of the minor.** This waiver, **when the parent gives parental consent for the minor to participate at this facility,** does NOT provide consent for the parent **to also participate in physical activities.** The parent waives all rights and intent to sue if he or she becomes injured standing, walking or running on or near the premises of Infinity Athletics dba Charlotte Gymnastics Academy.

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")**

**In consideration of my child participating at Charlotte Gymnastics Academy,** I understand the nature of this Activity and that my child qualifies and is in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately notify management and determine my child(s) further 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 the students actions, or inactions, those of others participating in the event, the conditions in which the event takes place, and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages that incur as a result of my childs participation in the Activity.

I hereby release, discharge, and covenant not to sue Infinity Athletics dba Charlotte Gymnastics Academy its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any 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 or alleged to be caused in whole or in part by the negligence of the "releasees" 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 Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. This agreement includes adults or children participating in charitable activities not directly associated with Charlotte Gymnastics Academy.

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.

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, 1 WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

* **All Students have to be ENROLLED & UNENROLLED for correct billing. No refund for incorrect enrollment.**
* **Tuition is due 1st of each month and we require reoccurring auto draft and can be processed anytime if card is declined.**
* **A $25.00 fee will be charged for returned checks or for payments considered late after the 15th of each month.**
* **Make-up classes are available and must be scheduled in advance. No credit or refund for missed or prepaid classes.**

***I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_\_\_\_\_\_have read the above terms and agree to them. I also understand a Full Month email notice is required when withdrawing from class(es) and my account will be charged a full month of tuition after withdrawal email notice has been replied to by the office staff or until July 31st 2019. I also understand there is no proration for unenrollments or dropped classes..***

Date:

Signature of Parent/or Legal Guardian

Primary Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone Number :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2nd Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_