

WILKEY'S GYMNASTICS, INC.

**120 Lumber Lane
Tewksbury, MA 01876
(978) 640-8811**

Please use ink

STUDENT'S NAME _____ BIRTHDATE _____

ADDRESS _____ HOME PHONE _____

CITY/TOWN _____ STATE _____ ZIP _____

PARENT/GUARDIAN'S NAME: MOTHER _____ WORK # _____ CELL# _____

FATHER _____ WORK # _____ CELL# _____

E-Mail _____

ANOTHER NAME TO CONTACT IF YOU ARE NOT AVAILABLE:

NAME _____ PHONE NO. _____

MEDICAL INFORMATION

Please list any previous medical problems or physical limitations that WILKEY'S should be aware of, that would prevent your child from full participation in our program. If none, please initial _____.

STUDENT'S DOCTOR _____

ALLERGIES _____ MEDICATION _____

In the event of an emergency, injury or illness affecting your child, you the parent/guardian give WILKEY'S authorized staff permission to act and get the medical attention they feel necessary. You must also assume all costs for this medical attention.

GYMNASTICS EXPERIENCE.....

THE ABOVE STUDENT IS REGISTERING FOR THE FOLLOWING:

CLASS#.....DAY.....TIME.....9WK.....36WK.....

PARENT AND TOT.....PRE-SCHOOL.....1 HOUR.....

FEE DUE FOR THE ABOVE SESSION.....

AS THE ABOVE STUDENT'S PARENT/GUARDIAN I AGREE TO ACCEPT FULLY THE OBLIGATION TO COVER THE FEES (IN FULL) FOR THE SESSION ABOVE. ALL TUITION COSTS ARE NON-REFUNDABLE AFTER THE FIRST LESSON. IF A CHILD DECIDES TO LEAVE THE PROGRAM, I THE PARENT/GUARDIAN UNDERSTAND I AM STILL OBLIGATED TO PAY THE TUITION COSTS ABOVE. I UNDERSTAND THE PAYMENT PLAN FOR THE SESSION I HAVE CHECKED. I ALSO UNDERSTAND THAT THERE IS A THIRTY DOLLAR NON-REFUNDABLE REGISTRATION FEE. PAYMENTS RECEIVED AFTER THE 10TH OF EACH MONTH ARE SUBJECT TO A \$10 LATE FEE.

THE ABOVE-NAMED CHILD HAS MY PERMISSION TO PARTICIPATE IN THE SPORT OF GYMNASTICS AT WILKEY'S. I, THE PARENT, FULLY UNDERSTAND AND WILL INSTRUCT THE MINOR PARTICIPANT THAT THERE ARE RISKS AND DANGERS ASSOCIATED WITH THE PARTICIPATION IN GYMNASTIC EVENTS AND ACTIVITIES. THESE RISKS AND DANGERS INCLUDE BUT ARE NOT LIMITED TO THOSE OF BODILY INJURY, PARTIAL AND OR TOTAL DISABILITY, PARALYSIS AND DEATH. I ACCEPT AND ASSUME SUCH RISKS AND RESPONSIBILITIES FOR THE LOSSES AND DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS OR DEATH HOWEVER CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF WILKEY'S OTHER PARTICIPANTS, COACHES, INSTRUCTORS, OFFICIALS, OWNERS, AND LESSEES OF THE PREMISES USED TO CONDUCT THE EVENT OR ACTIVITY AND EACH OF THEM, THEIR OFFICERS, DIRECTORS, AND EMPLOYEES.

I AGREE THAT THIS CONSENT AND ASSUMPTION OF RISK STATEMENT COVERS EACH AND EVERY EVENT OR ACTIVITY SPONSORED BY WILKEY'S.

I/WE HAVE READ THE ABOVE WAIVER AND SIGNED IT VOLUNTARILY.

SIGNED.....DATE.....

WITNESS.....DATE.....

Re-reg: 2nd session _____ 3rd session _____ 4th session _____ yearly _____

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

In consideration of participating in the WILKEY'S GYMNASTICS, INC., 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 event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; 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 I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue WILKEY'S GYMNASTICS, INC., 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 "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 Releasees, I will indemnify, same and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the results of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OR 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.

Printed name of participant

Date: _____

Signature of participant

PARENTAL CONSENT

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 Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Printed name of Parent/or Legal Guardian

Date: _____

Signature of Parent/or Legal Guardian