



Client ID: \_\_\_\_\_ ProSchool: \_\_\_\_\_ Date Filled: \_\_\_\_\_ Initial: \_\_\_\_\_

**Please circle the event your child is attending:**

**PARTIES      PARENT'S NIGHT OUT      TRY-OUTS      IN HOUSE EVENT**

**1. Participant's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**2. Participant's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**3. Participant's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email (optional):** \_\_\_\_\_

**Please list an emergency contact person other than the parent listed above:**

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

***The following must be filled out completely before the participant can enter the gym***

I authorize the Houston Gymnastics Academy and its employees and agents to act for me and the above-listed participant(s) according to their best judgment in any emergency requiring medical attention when I cannot be reached to for consent.

I understand that the above-indicated event involves the sport of gymnastics, which has a potential to be a dangerous activity involving many substantial dangers and risks, including, but not limited to, death, and injury, including neck and spinal injury, injury to internal organs, and injury to bones, ligaments, muscles, tendons, and other parts of the body. I understand the dangers and risks of participation by the above-listed participant(s) may result not only in death or physical injury, but also could result in other impairment, including, but not limited to, impairment of the above-listed student(s)' future ability to earn a living, engage in business, or generally enjoy life.

I AM THE ABOVE-LISTED PARTICIPANT AND AM OVER THE AGE OF 18 OR I AM THE LEGAL GUARDIAN OF THE ABOVE-LISTED PARTICIPANT(S), AND HAVE THE FULL AUTHORITY TO ENTER INTO THE AGREEMENTS HEREIN ON BEHALF OF MYSELF AND THE ABOVE-LISTED PARTICIPANT(S).

I AGREE TO DEFEND, INDEMNIFY AND HOLD THE HOUSTON GYMNASTICS ACADEMY, AND ITS EMPLOYEES AND AGENTS HARMLESS, FROM ANY AND ALL LIABILITY, CAUSES OF ACTION, DEBTS, CLAIMS, LAWSUITS, OR DEMANDS OF ANY NATURE WHATSOEVER WHICH MAY ARISE IN CONNECTION WITH THE ABOVE-LISTED PARTICIPANT(S)' PARTICIPATION IN ANY ACTIVITIES INVOLVING THE SPORT OF GYMNASTICS OR PARTICIPATION IN THE SAME, OR THE ABOVE-INDICATED EVENT(S), INCLUDING ARISING OUT OF INJURY, DEATH OR DAMAGE TO PROPERTY, REGARDLESS OF WHETHER SUCH ARE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE HOUSTON GYMNASTICS ACADEMY, OR ITS EMPLOYEES OR AGENTS. THIS AGREEMENT TO DEFEND, INDEMNIFY AND HOLD HARMLESS EXTENDS TO ANY CLAIMS THAT MAY BE STATED BY ME OR ANY OTHER PERSON, INCLUDING THE ABOVE-LISTED PARTICIPANT(S)' HEIRS, ESTATE AND MEMBERS OF THE ABOVE-LISTED PARTICIPANT(S)' FAMILY.

I understand that Houston Gymnastics Academy retains all rights to the use of any photos, video or audio recordings taken while at the Houston Gymnastics Academy for use in publicity, advertising and any legitimate business purpose at no additional cost or commission.

I UNDERSTAND THAT ADULTS THAT ARE NOT ENROLLED IN A PROGRAM AT HOUSTON GYMNASTICS ACADEMY MAY NOT BE ON THE EQUIPMENT, TRAMPOLINES, OR TUMBLE TRAMP.

**Parent Signature (or Participant's signature if over 18)** \_\_\_\_\_

**Date** \_\_\_\_\_