

PEAK GYMNASTICS, LLC

www.peak-gymnastics.com

45224 284th Ave SE v PO Box 841 v Enumclaw, WA 98022

Phone: 360-825-PEAK v Fax: 360-625-8202

PEAK GYMNASTICS, LLC

www.peak-gymnastics.com

45224 284th Ave SE v PO Box 841 v Enumclaw, WA 98022

Phone: 360-825-PEAK v Fax: 360-625-8202

Field Trip Registration Information

* All information and signature required

Child's Name _____ Date of Birth _____
Child's Name _____ Date of Birth _____
Child's Name _____ Date of Birth _____
Address _____ Zip _____
Home Phone _____ Email Address _____
Mother's Name _____ Cell Phone _____
Father's Name _____ Cell Phone _____

How did you hear about Peak Gymnastics?

Waiver, Release and consent to Treat and Transport

In consideration of participating in gymnastics, cheer, trampolines, demonstrations, special events, open gym, camps or birthday parties, I represent that I understand the nature of this activity and that I am (and my child) 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 risks of serious bodily injury, including permanent disability, paralysis and death, which the event takes place, or the negligence of the release; named below; and that there may be other risks either not known by me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of participation in this activity.

I hereby release, discharge and covenant not to sue Peak Gymnastics LLC, its respective administrators, director, agents, officers, volunteers, other participants, any sponsor, advertisers, and if applicable, owners and lessors of premises on which the activity takes place (each considered one of the RELEASES 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 "release," 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.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement of assurance of any nature and intent it to be a complete and unconditional release of all liability to the greatest extent 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.

CONSENT TO TREAT AND TRANSPORT: I HEREBY GIVE CONSENT to Peak Gymnastics LLC to provide through a medical staff of their choice, customary medical/athletic training attentions, transportation and emergency medical services as warranted in the course of my participation in Peak Gymnastics LLC and its activities. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to Peak Gymnastics LLC, and its agents to give specific consent to any and all such transportation, diagnosis, treatment or hospital care which physician or surgeon licensed under the Medical Practice Act may deem advisable.

I give my permission for my photo or the photo of my child or children to be taken during class and used for publicity purposes (including my child's name) for Peak Gymnastics LLC. I have read and understand the policies of Peak Gymnastics LLC.

Parent Signature: _____ Date _____

Parent Printed Name: _____

Child's Name _____ Date of Birth _____
Child's Name _____ Date of Birth _____
Child's Name _____ Date of Birth _____
Address _____ Zip _____
Home Phone _____ Email Address _____
Mother's Name _____ Cell Phone _____
Father's Name _____ Cell Phone _____

How did you hear about Peak Gymnastics?

Waiver, Release and consent to Treat and Transport

In consideration of participating in gymnastics, cheer, trampolines, demonstrations, special events, open gym, camps or birthday parties, I represent that I understand the nature of this activity and that I am (and my child) 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 risks of serious bodily injury, including permanent disability, paralysis and death, which the event takes place, or the negligence of the release; named below; and that there may be other risks either not known by me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of participation in this activity.

I hereby release, discharge and covenant not to sue Peak Gymnastics LLC, its respective administrators, director, agents, officers, volunteers, other participants, any sponsor, advertisers, and if applicable, owners and lessors of premises on which the activity takes place (each considered one of the RELEASES 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 "release," 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.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement of assurance of any nature and intent it to be a complete and unconditional release of all liability to the greatest extent 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.

CONSENT TO TREAT AND TRANSPORT: I HEREBY GIVE CONSENT to Peak Gymnastics LLC to provide through a medical staff of their choice, customary medical/athletic training attentions, transportation and emergency medical services as warranted in the course of my participation in Peak Gymnastics LLC and its activities. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to Peak Gymnastics LLC, and its agents to give specific consent to any and all such transportation, diagnosis, treatment or hospital care which physician or surgeon licensed under the Medical Practice Act may deem advisable.

I give my permission for my photo or the photo of my child or children to be taken during class and used for publicity purposes (including my child's name) for Peak Gymnastics LLC. I have read and understand the policies of Peak Gymnastics LLC.

Parent Signature: _____ Date _____

Parent Printed Name: _____