



# SUNCOAST GYMNASTICS ACADEMY

## Release and Liability



### PLEASE READ CAREFULLY

### NOTIFICATION OF RISK AND RELEASE AND WAIVER OF LIABILITY FOR ALL GYMNASTICS, CHEERLEADING, INFLATABLE, MARTIAL ARTS, FITNESS OR DANCE CLASSES OFFERED BY SUNCOAST GYMNASTICS

I/We, \_\_\_\_\_, do hereby release Suncoast Gymnastics Academy, Inc., its owner, employees, and/ or volunteers (“releases”) from liability in regards to any injury to \_\_\_\_\_ (the participant) resulting from any Suncoast Gymnastics Academy, Inc., activity or program that we offer which includes practice, any gymnastics performed in our building, Blow It Up inflatables, parties, Fun Fitness, Fit and Fun Program, meet, event, cheer programs, martial arts, fitness classes or dance programs.

I/ We fully understand that the sport of gymnastics, cheerleading, dance, fitness, parties and inflatables involves risks of serious bodily injury including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, permanent disability and death, which may be caused by the participant’s 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 risk either not known to me or not readily foreseeable at this time. I fully willingly accept and assume all such risk and all responsibility for losses, cost and damages associated with participation that either I cause or that may arise due to other participants may occur as a result of such participation in the sport of gymnastics, cheerleading, dance, fitness, martial arts and inflatables.

I agree that the participant(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at Suncoast Gymnastics.

I/We, our heirs, assigns, representatives, and next of kin hereby release, discharge, hold harmless, indemnify and covenant not to sue Suncoast Gymnastics Academy, Inc., its respective owners, employees and/or volunteers, their predecessors, parent, subsidiaries and affiliates and officers or owners and lessors of the premises, contractors, or equipment manufacturers for any and all liability, claims, injuries, demands, losses or damages caused or alleged to be caused in whole or in part from the participation in all events mentioned above or by the negligence of the “ releases” or otherwise, including negligent rescue operations.

I/We have read the **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT** and understand that I have given up substantial rights on behalf of myself and the participant by signing it and have signed it freely, voluntarily and without any inducement of 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. I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

If despite this release, I, my child or ward, or anyone on either’s behalf make a claim against any releases mentioned above I agree to indemnify, defend, save and hold harmless the releases and each of them from any litigation expenses, attorney’s fees, loss liability, damages, or cost they may incur due to the claim made against any of the “releases” named above whether the claim is based on negligence of the releases or otherwise.

### PERMISSION FOR MEDICAL TREATMENT

All precautions will be taken to prevent accidents and injuries. Simple first aid will be used for minor injuries. For all other cases, parents will be notified if they are not present. If the injury is of need for a doctor, parents will be called for necessary treatment. However, if you are unattainable, this permission slip will allow us to seek medical attention. I confirm the above named person is in good health condition and in proper physical condition to participate in such Activity and hereby authorize and consent to diagnosis or treatment and hospital care which is deemed necessary for my child. I acknowledge that is I believe even conditions are unsafe, I will immediately discontinue participation in the Activity.

Please check any physical concerns with your child that we should know about?  
 ADHD  ADD  Asthma  Family concerns  Allergies  Medical  
 Explain other concerns or medical conditions not listed above:

### PARENTAL CONSENT

And I/We, the minor’s parent and/or legal guardian, understand the nature of the aboved referenced activities and the minor’s experience and the capabilities and believe the minor to be qualified to participate in such activity.

**YOUR SIGNATURE BELOW INDICATES YOUR UNDERSTANDING AND ACCEPTANCE OF THESE POLICIES AND PROCEDURES.**

\_\_\_\_\_  
 Printed Name of Parent or Participant if 18 or older

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent or participant if 18 or older

**Additional Information:**

Participant's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Number: ( ) \_\_\_\_\_ or ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternative Email Address: \_\_\_\_\_

By providing your email address you acknowledge we may send you an email including Discount offers, special events, and Suncoast Gymnastics news.

**PHOTOGRAPHY RELEASE:**

I hereby release publication of any photographs taken by Suncoast Gymnastics personnel for publication on the Suncoast Gymnastics website and/or associated websites or print media.

\_\_\_\_\_  
Printed name of Parent or Participant if 18 or older      Signature of Parent/or Participant if 18 or older      Date

**PAYMENTS:**

1. Tuition is paid on either a 4 or 8 week session. All fees are due on week 4 of each session. This confirms your child is returning..
2. The first week of the session there is a \$5.00 late fee added to your fees.
3. WE DO NOT PRORATE. There is one make-up class for each session, during designated times.
4. If a child is no longer enrolled in a session, there is no make-up eligibility.
5. All checks should be made out to Suncoast Gymnastics Academy. There is a \$25.00 charge for all returned checks.
6. Auto payments are available. You must hand in a written request to stop payment 15 days prior to first payment date.

**GYM POLICIES:**

1. Parents and children who arrive for class early are asked to wait in the observation area until the class is called. Please do not leave children unattended or unsupervised in our facility at any time. We will not be held responsible for unsupervised children.
2. Please make sure students are dressed properly with no jewelry or buckles and long hair pulled back. Suncoast Gymnastics is not responsible for lost or stolen items.

**WITHDRAWAL:**

1. If your child discontinues class, be sure to contact the office before the next session. There are NO refunds.
2. If you begin a session, you owe for that session, not per class. Make ups DO NOT rollover into another session.
3. If your child misses more than 30 days, and does not contact the office, he/she must re-register (\$35.00 per child, \$50.00 for a family), to reopen the spot in the class.
4. If you are not happy for any reason we would like to know in the office. Contacting the office may fix the problem and helps us become a better program for you.

**MAKE UPS:**

1. **ALL MAKE-UPS FOR ILLNESS OR EXCEPTIONS MUST BE SCHEDULED THROUGH THE OFFICE.** You cannot just show up to any class unscheduled.
2. **All make-ups must be made during the session they missed.** You must be an active member to be eligible to make up a class.

YOUR SIGNATURE BELOW INDICATES YOUR UNDERSTANDING AND ACCEPTANCE OF THESE POLICIES AND PROCEDURES.

\_\_\_\_\_  
Printed Name of Parent      Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

<b>OFFICE USE ONLY:</b>	STARTING DATE: _____
TRY OUT DATE: _____	ANNUAL REGISTRATION FEE: _____
CLASS ENTERED: _____	SESSION FEES: _____
INSTRUCTOR: _____	TOTAL: _____ AMOUNT PAID: _____