

Facility Use Waiver

Parent/Guardian Name: _____

1. Child's Name: _____ Birthdate: _____

2. Child's Name: _____ Birthdate: _____

3. Child's Name: _____ Birthdate: _____

Health Insurance Carrier: _____

Tel # to reach me at during gymnastics classes: _____

Home Address: _____ City _____ Zip _____

Email: _____

ER Contact: _____ Telephone # _____

How did you hear about us? _____

Please read carefully and sign at the bottom:

In consideration of allowing the above named child(ren) to participate in Regal Gymnastics activities and training programs, the undersigned, being the legal and acting guardian of child(ren), acting for themselves and on behalf of the participant, release and hold harmless Regal Gymnastics Academy, LLC a Vermont Limited Liability Corporation, its owners, officers, employees, and agents from any and all liability, claims, demands, and causes of action whatsoever, arising out of related to any loss, damage, injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Regal Gymnastics Academy is conducted, or any premises under the control and supervision of Regal Gymnastics, its owners, officers, employees, or agents or in route to or from any of said premises.

Assumption of Risk:

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant choose to voluntarily enter upon said premises under the control of said limited liability corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant, and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this release.

In signing this release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs voluntarily.
- b) That the undersigned signing as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant or is over the age of eighteen years and is signing for self as participant.

The undersigned gives permission for Regal Gymnastics Academy, LLC, owners, officers, employees and/or agents to seek emergency medical treatment for the student in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Parent/Guardian Signature: _____ **Date:** _____

Participant Signature if over 18 years of age: _____ **Date:** _____