

# TECHNIQUE GYMNASTICS

11345 Folsom Boulevard, Rancho Cordova, CA 95742 (916) 635-7900 gym (916) 543-1700 fax

Today's Date \_\_\_\_\_  New Registration  Membership Renewal  Change of Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Female  Male

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Female  Male

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Female  Male

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Female  Male

Parent / Guardian(s) Names \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Mom or Dad? \_\_\_\_\_

Emergency Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Primary Insurance Company \_\_\_\_\_

Medical Alert / Allergies / Physical Limitations \_\_\_\_\_

How did you hear about us?  Friend (Friend's Name – They get a \$25 credit when you enroll) \_\_\_\_\_

Drive By  Yellow Pages  Birthday Party  Web Page  Magazine/Ad  Field Trip

Previous Student  Other \_\_\_\_\_

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## OFFICE USE ONLY

Child	Class Code(s)	Membership \$	Paid \$
_____	_____	\$ _____	_____
_____	_____	Tuition \$ _____	Date _____
_____	_____	Other \$ _____	Initials _____
_____	_____	Total Due \$ _____	

Please make sure you have signed the **BACK** of this waiver also.

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

In consideration of participating at Technique Gymnastics, 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 risks 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 Technique Gymnastics, its respective administrators, directors, agents, officers, volunteers, 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 "releasees" 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, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such a claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF 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(s)

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 Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of such claim.

\_\_\_\_\_  
Printed name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Consent of Treatment of a Minor

Should it be necessary, in the opinion of a staff member of Technique Gymnastics, Inc. to render first aid and assistance to the participant(s) listed above, I hereby grant permission to the staff of Technique Gymnastics, Inc. and other medical personnel to render such aid and assistance as they may deem necessary. I have carefully read this consent for treatment of a minor and fully understand its contents.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

