

Colorado Rhythmics Registration Form

Before participation in any activity, this form must be signed by at least one of the participant's parents or legal guardians if the participant is not yet 18 years old. Participant's signatures are required if 18 years of age or older and are helpful when age-appropriate.

Participant Name: _____

Age: _____ DOB: _____

Mother's Name: _____ Father's Name: _____

Legal Guardian(s)' Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____ Emergency: () _____

E-mail Address: _____

Are there any medical conditions of which we should be aware? Check One: Yes No

If yes, explain:

Has the participant has a physical examination in the last three years? Check One: Yes No
(Colorado Rhythmics LLC. recommends that every student completes an annual physical examination.)

Physician Name: _____ Phone: () _____

May we use the gymnast's photo on our website or in our advertisements? No names will be disclosed.
 Yes No

Eligibility to participate in class at *Colorado Rhythmics LLC.* requires a completed gymnast registration form with release of liability, a consent to treatment form and full tuition on or before the first day of class.

Gymnast Signature

Date

If the gymnast is not yet 18 years old, at least one parent or legal guardian also must sign:

We certify the information provided above is correct.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date _____

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date _____

LIABILITY RELEASE AND INDEMNIFICATION:

Prior to participation, this form must be signed by at least one of the participant’s parents or legal guardians if the participant is not yet 18 years old. Participant’s signatures are required if 18 years of age or older and are helpful when age-appropriate.

Name of participant: _____ (the gymnast) DOB _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Parent/Guardian Name (print): _____

Other Parent/Guardian Name (print): _____

All *Colorado Rhythmics LLC* coaches are safety certified by USA Gymnastics.

In consideration of *Colorado Rhythmics* participate in sports activity, class, competition, team, including non-gymnastics activities such as dance (hereinafter referred to as the "Activity"), I, and if I am not yet 18 years old my parents or legal guardians, agree to be bound as follows (the term "I" in this release refers to both the gymnast and his or her parents or legal guardians):

Representation of Ability to Participate. I understand the nature of the Activity, and I represent that the gymnast is qualified, in good health, and in proper physical condition to participate in the Activity. Should I ever believe that any of the above representations have become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for the gymnast, then it will be my responsibility immediately to discontinue the gymnast's participation in the Activity.

Release. I hereby release, acquit, covenant not to sue, and forever discharge *Colorado Rhythmics LLC*, its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or lessors of any facilities within which the Activity is conducted, their respective agents and employees, and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of participants to and from the Activity (collectively the "Released Parties") of and from any and all actions, causes of action, claims, demands, liability, losses or damages of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of or are connected in any way to the gymnast's participation in the Activity and the transportation of the above named gymnast to and from the Activity (collectively the "Released Claims").

Indemnification. I will defend, indemnify and hold harmless the Released Parties from (that is, to reimburse and be responsible for) any loss or damage, including but not limited to costs and reasonable attorney's fees (including the cost of any claim I might make or that might be made on my behalf or the gymnast's behalf that is released in this document), arising out of or connected in any way with any of the Released Claims.

I have read and understand the *Colorado Rhythmics* LLC Terms and Policy located on the *Colorado Rhythmics LLC* website: coloradorhythmics.com

I HAVE READ AND UNDERSTOOD THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, REPRESENTATION OF ABILITY TO PARTICIPATE, RELEASE, INDEMNIFICATION, AND CUSTODIAL PARENTS. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP SUBSTANTIAL RIGHTS. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Gymnast

Date

Signature of Parent/Guardian

Date

Signature of other Parent/Guardian

Date