

Phenom Gymnastics, Inc.
TRY OUT REGISTRATION AND LIABILITY WAIVER

Student's Last Name _____ First _____

Age _____ Birthdate _____ Phone _____

Address _____

City _____ Zip _____ E-mail _____

Father's Name _____ Work phone _____

Father's Occupation _____ Cell phone _____

Mother's Name _____ Work phone _____

Mother's Occupation _____ Cell phone _____

Person to Contact in emergency if you cannot be located:

Name _____ Phone _____

Relationship _____

How did you hear about us? _____

**ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL
AUTHORIZATION, AND PHOTO RELEASE**

As the legal guardian of _____, I recognize that severe injuries, including but not limited to, permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, dancing, exercise programs, trampoline, and cheerleading. Being fully aware of these dangers, I voluntarily consent to the aforementioned person to participate in any and all Phenom Gymnastics, Inc. programs and activities and I **ACCEPT ALL RISKS** associated with this participation.

In consideration for allowing my child to use these facilities and participate in these programs, I, on my own behalf, and of my child and our respective heirs, administrators, executors and successors, hereby forever **PROMISE NOT TO SUE** and **FOREVER RELEASE** Phenom Gymnastics, Inc., its officers, directors, shareholders, employees, contractors, volunteers, and all others associated with the corporation from all liability for any all damages and injuries suffered by my child while under the instruction, supervision, or control of Phenom Gymnastics, Inc.

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child's participation I hereby grant my permission for my child's likeness to be used in Phenom Gymnastics, Inc. publicity or advertising.

In the event of an accident or emergency I hereby authorize my above mentioned child to be transported to a hospital for medical treatment and I hold Phenom Gymnastics and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child as a result of any injury sustained while participating at or for Phenom Gymnastics.

I have read and understand this **ACKNOWLEDGEMENT OF RISK** and **WAIVER OF LIABILITY** and **PHOTO RELEASE** and **MEDICAL AUTHORIZATION** and I **VOLUNTARILY** affix my name in agreement.

PARENT/LEGAL GUARDIAN

Signature _____ Date _____