



TEXT CELL NUMBER _____

REGISTRATION FORM

REGISTRATION INFORMATION FOR STUDENT (PLEASE PRINT)

Student's First name: _____ Last name: _____
 DOB: ____/____/____ Male/Female Parent's Email: _____

PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____
 Address: _____ City: _____ State _____ Zip: _____
 Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
 Guardian's Full Name: _____ Work/Cell: (____) _____ - _____
 Doctor's Name: _____ Doctor's Phone: (____) _____ - _____
 Emergency Contact Name: _____ Phone: (____) _____ - _____

PLEASE LIST ANY HEALTH CONCERNS OR LIMITATIONS (ALLERGIES, INJURIES, ETC.), OR OTHER SPECIAL CIRCUMSTANCES THAT WE SHOULD BE AWARE OF FOR THIS STUDENT: _____

TUMBLING and/or CHEER CLASS REGISTRATION

Class Level: _____ Days/Times: _____

INSURANCE STATEMENT and WAIVER OF CLAIM

I AFFIRM THAT THE ABOVE IDENTIFIED STUDENT IS COVERED BY MEDICAL INSURANCE IN CONSIDERATION OF MY CHILD'S OR MY ACCEPTANCE IN ANY CLASS, I INTENDING TO BE LEGALLY BOUND, FOR MYSELF, MY CHILD, AND OUR SUCCESSORS, AND ASSIGNS, HEREBY WAIVE AND RELEASE ANY AND ALL RIGHT AND/OR CLAIM FOR DAMAGES WHICH I, MY CHILD, AND OUR SUCCESSORS, AND ASSIGNS MAY HAVE AGAINST FUZION TUMBLING AND IT'S OFFICERS, EMPLOYEES AND AGENTS, FOR ANY AND ALL LOSSES, LIABILITIES, FUNDS, ANY TYPE OF PAYMENTS, OVERPAYMENTS FOR NOT CANCELING PAYMENTS THROUGH BANKS OR BEING PAID ANY OTHER WAY, AND/OR INJURIES WHICH MAY BE SUSTAINED AND/OR SUFFERED BY ME OR MY CHILD IN CONNECTION WITH MY/OUR ASSOCIATION WITH OR ENROLLMENT IN FUZION TUMBLING. I UNDERSTAND THAT NO REFUNDS WILL BE GIVEN FOR ANY REASON.

PARENT/GUARDIAN (please print): _____ DATE: ____/____/____
 SIGNATURE: _____ Referred By: _____

***** OFFICE USE ONLY *****

Notes: _____

REGISTRATION FEE: \$ _____
 FIRST TUITION MONTH: \$ _____
 SHOES (if needed): \$ _____
 LEOTARD (if needed): \$ _____
 TOTAL NOW DUE: \$ _____

PAYMENT TYPE
 VENMO
 CHECK # _____
 OTHER _____



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

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN ANY WAY IN ANY TUMBLING, TRAMPOLINE, CHEERLEADING OR ANY ACTIVITY ("ACTIVITY") AT ANY TIME DURING THE CURRENT CALENDAR YEAR I, FOR MYSELF, MY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS, AND NEXT OF KIN:

1. ACKNOWLEDGE, AGREE AND REPRESENT THAT I UNDERSTAND THE NATURE OF TUMBLING, TRAMPOLINE, CHEERLEADING OR OTHER ACTIVITIES AND THAT I AM QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I FURTHER AGREE AND WARRANT THAT IF AT ANY TIME I BELIEVE THE CONDITIONS TO BE UNSAFE, I WILL IMMEDIATELY DISCONTINUE FURTHER PARTICIPATION IN THE ACTIVITY.
2. FULLY UNDERSTAND THAT: (A) TUMBLING, TRAMPOLINE, CHEERLEADING OR OTHER ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (B) THESE RISKS AND DANGERS MAY BE CAUSED BY MY OWN ACTIONS OR INACTIONS, THE ACTIONS OR INACTIONS OF OTHERS PARTICIPATING IN THE ACTIVITY, THE CONDITION IN WHICH THE ACTIVITY TAKES PLACE, OR THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (C) THERE MAY BE OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES 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, COSTS, AND DAMAGES I INCUR AS A RESULT OF MY PARTICIPATION OR THAT OF THE MINOR IN THE ACTIVITY.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE FUZION TUMBLING AND CHEER, ITS ADMINISTRATORS, DIRECTORS, AGENTS, OFFICERS, MEMBERS, VOLUNTEERS, TEAM MEMBERS, AND 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 I FURTHER AGREE THAT IF, DESPITE THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT 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 LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST WHICH MAY BE INCURRED AS THE RESULT OF SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, 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: _____ Phone: (____) _____ - _____

ADDRESS: _____
 (Street) (City) (State) (Zip)

 PARTICIPANT'S SIGNATURE DATE: ____/____/____

Below section must be completed by Parent/Guardian for any participant under the age of 18.

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF TUMBLING, TRAMPOLINE, CHEERLEADING OR ANY OTHER ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION 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 RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S 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 FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIMS AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____ Phone: (____) _____ - _____

ADDRESS: _____
 (Street) (City) (State) (Zip)

 PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): DATE: ____/____/____