

# Livingston County Gymnastics

2010 Registration/Date \_\_\_\_\_

Child/Student Name \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

Parent Name \_\_\_\_\_ Email: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency # \_\_\_\_\_

Custodial Parent/Guardian \_\_\_\_\_ Alternate Emergency # \_\_\_\_\_

Registration Fee \_\_\_\_\_ Total Tuition \_\_\_\_\_

Class	Time	Tuition
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## Release Information

I have read and understand the “**policies and information**” for LCG LLC, for the 2010 year. I agree with all of the policies set forth, I give LCG my permission to use any photography of my child or myself whether inside the gym or at a competition without receiving compensation for any advertisement where these photographs may be used.

Signature \_\_\_\_\_ Date \_\_\_\_\_

LCG LLC has my permission to release my child to: \_\_\_\_\_ Phone# \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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## Insurance Information

Policyholders Name \_\_\_\_\_ Policy # \_\_\_\_\_

Carrier \_\_\_\_\_ Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

## Waiver and Release of all Claims

Read the following and sign below

NOTE: if student is under 18—Parent signature is required

**DISCLAIMER:** Livingston County Gymnastics is not responsible for any injury (or loss of property) to any person while practicing, training, taking class, competing, participating in open gym, special events, demonstrations, or shows, or in any other way involved in gymnastics, cheerleading, preschool, or team at Livingston County Gymnastics for any reason whatsoever, including ordinary negligence on the part of Livingston county Gymnastics, its owner, landlord, officers, agents or employees.

### WAIVER AND RELEASE OF LIABILITY

STUDENT NAME: \_\_\_\_\_

1. In consideration of my participation, I hereby release and covenant not-to-sue Livingston County Gymnastics, or any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Livingston County gymnastics or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, cheerleading, or any other activities or any activities incidental Thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.
2. Further, I am aware that gymnastics and cheerleading are vigorous sporting activities involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that gymnastics, cheerleading, and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats, pits and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated.
3. I understand that participating in gymnastics and related events, conditioning, stretching and other activities which may leave me vulnerable to the reckless action of other participants who may not have complete control over their actions or who may not see other students in the gym. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death.
4. I fully understand that Livingston county gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release Livingston county gymnastics members to render temporary first aid to my child in the event of any injury or illness. Also, if deemed necessary, staff will call a doctor and seek medical help. This may include transportation by a staff member and/or representative, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child.
5. I now have and will continue to provide health, hospitalization, and accident injury coverage which I consider adequate for both my child's protection and my own protection.
6. I am of lawful age and legally competent to sign this affirmation and release or, (2) That I am the legal guardian of the child named in this release and have the authority to sign this release on his/her behalf.
7. I understand the terms herein are contractual and not a mere recital and that I have signed this document on my own free will.

8. I have fully informed myself of the contents of this affirmation and release by reading it before I signed it. I assume my own responsibility of my child's physical fitness and capability to perform under the normal conditions of these classes, and I/child are physically fit as attested to.
  
9. I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Michigan and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the State of Michigan. I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to be for the ordinary negligence of Livingston County Gymnastics or any person listed above.

I hereby assume the risk for any injuries that I/my child may sustain in the pursuit of the activities engaged at Livingston County Gymnastics LLC, while on the premises and/or while traveling to competitions sponsored or associated with LCG or mid-Michigan recreational league. I do hereby remise, release, and forever discharge LCG from any actions, suits, damages, claims, or judgments that may result from any personal injury I may sustain while on the premises of, using the equipment of, and/or while traveling to competitions sponsored by LCG.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_