

Southern Ohio Gymnastics Academy

Registration and release must be filled out before student can participate in any class, activity or party

Student Name _____ Sex _____ Age _____ Birthdate _____ Grade _____
Street Address _____ City _____ State _____ Zip _____ Home Phone _____
Parent/Guardian Name _____ Work Phone _____ Cell _____
Parent/Guardian Name _____ Work Phone _____ Cell _____

Consent to Participate

As the parent(s) or legal guardian(s) of the student(s) named above, I hereby consent to their participation in the programs offered by Southern Ohio Gymnastics Academy and to the use of all facilities at Southern Ohio Gymnastics Academy including outdoor play. Southern Ohio Gymnastics Academy reserves the right to use any video or photographic material that may contain images of your child(ren) for any lawful purposes.

Release and Covenant Not-to-Sue

In consideration of my child's participation, I hereby release and covenant not-to-sue Southern Ohio Gymnastics Academy, its officers, employees teachers, coaches or agents from any and all present and/or future claims resulting from ordinary negligence on the part of Southern Ohio Gymnastics Academy or others listed for property damage or personal injury, arising as a result of my child's participation in gymnastics, cheerleading, trampoline, dance or any other activities, or any activities incidental thereto while at Southern Ohio Gymnastics Academy wherever, whenever, or however the same may occur. This includes outside activities.

Acknowledgement of Risk

I understand and acknowledge that by the very nature of the activity, gymnastics, cheerleading, dance and trampoline all carry a risk of physical injury. No matter how careful the student and coach, no matter how many spotters are used, no matter how many mats are provided, and no matter how many times the skill may have been performed successfully, the risk cannot be eliminated. Reduced, yes, but never eliminated. I UNDERSTAND AND ACCEPT THAT RISK. This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

I further acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others and assume full responsibility for my participation and exposure.

Indemnify for Possible Future Medical Expenses

As the parent or legal guardian of the above named child(ren), I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating in any program of instruction, recreation or competition at, for, or under the direction of Southern Ohio Gymnastics Academy or for any injury sustained while playing or having instruction outside on gym property.

Print name of Parent/Legal Guardian _____
Signature _____ Date _____

Print name of Parent/Legal Guardian _____
Signature _____ Date _____

Please list existing medical problems: epilepsy _____ allergies _____ Diabetes _____
Scoliosis _____ Other (please explain) _____

For Office Use Only
