

GREAT FALLS GYMNASTICS ACADEMY (GFGA) PARTICIPANT RELEASE FORM

PARTICIPANT (Last) (First) M/F BIRTHDAY

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Street City Zip

Mother's/Guardian's Name Father's/Guardian's Name

PHONE #1 PHONE#2 EMAIL

HEALTH STATEMENT: I/we the undersigned understand that physical activity is a regular part of GFGA programs. By signing this form, I acknowledge that I and my child are in excellent physical shape and need no restrictions from activity (unless noted below).

ANY MEDICAL/BEHAVIORAL/DEVELOPMENTAL CONDITIONS THAT WE SHOULD KNOW ABOUT?

PAYMENTS

- Our billing cycle and sessions are 4 weeks in length. Payment is due, in full, on the participant's first class of the session. A \$10 late fee is assessed on the 10th day of each session on all outstanding balances. This fee continues to be added each month an outstanding balance remains.
If tuition is overdue by more than 2 billing cycles/sessions, the participant's enrollment will be terminated. The responsible party will continue to be responsible for any outstanding balance on the account. In the event that the account is turned over for collections, a \$25.00 fee will be added to the account.
Bounced checks are rare. However, if you do write a check which is rejected by your bank, you will be responsible for any incurred charges and an additional \$30.00 nonsufficient funds fee.
An annual \$25.00 non-refundable registration fee is due at the time of enrollment.

A THIRTY DAY WRITTEN NOTICE PROVIDED TO OUR FRONT DESK IS REQUIRED WHEN DROPPING FROM A CLASS. A verbal notice to the instructor or a message on GFGA voice mail is not considered written notification. Refunds are not given for missed classes and make-up classes are not guaranteed. Clients are responsible for all accrued class fees while enrolled, regardless of attendance.

RISK OF LIABILITY

We, the staff of Great Falls Gymnastics Academy (GFGA), recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, swimming, cheerleading, day camps, Mom & Tot classes or other activities held at GFGA facilities. Students and participating parents may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, swimming, cheerleading, day camps, Mom & Tot Classes, and other activities can be dangerous and can lead to injury and possibly death. Parents/guardians and their wards should be aware of the possibility of injury and follow all safety rules and the coaches' instructions. GFGA, its coaches, and other staff members will not accept responsibility for injury sustained by any student during the course of gymnastics, swimming, cheerleading, day camps, and/or other activities. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to participate with my child/children in the programs offered by GFGA. I, my executors, and/or their representatives waive and release all rights and claims for damages that I or my child may have against GFGA and/or its representatives, whether paid or volunteer.

PERMISSION TO TREAT

I hereby give permission for GFGA to contact trained professionals to administer emergency medical treatment to my child or myself should illness or injury occur. I fully understand that GFGA staff/volunteers are not physicians or medical practitioners. With this in mind, I hereby release GFGA to render temporary First Aid to my child or myself in the event of any illness or injury. Additionally, if deemed necessary, I give permission for GFGA to seek medical help, including transportation by GFGA staff, whether paid or volunteer, to any healthcare facility, or the calling of an ambulance. I agree that I am responsible for all costs resulting from the rendering of medical aid and ambulance services for the listed participants.

MEDICAL INSURANCE: I agree to carry Medical Insurance coverage for named participants during the duration of participation.

INSURANCE COMPANY POLICY NUMBER

I grant permission to use photographs, videotapes, recordings or any other record of GFGA programs containing my or my child's image by/for GFGA.

VERIFICATION & RELEASE: As a legal parent, guardian, or responsible party of those named on this waiver, I hereby verify by my signature below that I accept the conditions of this release waiver.

Parent/Legal Guardian's Signature required for participation Date

DESIRED CLASS/NOTES: