



STUDENT'S NAME		M F	Birth Date		/	/
2ND STUDENT'S NAME		M F	Birth Date		/	/
3RD STUDENT'S NAME		M F	Birth Date		/	/
Home Phone		Class/Day		Time		
Address		City		State	Zip	
Mother's Name		Mother's Cell		Work Phone		
Father's Name		Father's Cell		Work Phone		
E-Mail Address		Emergency Contact, other than parent		Emergency Phone, other than parent		
Medications/ Medical Conditions/ Allergies				Physician Name and Phone		
How Did You Hear About Us?						

Waiver and Release of Liability: As parent or legal guardian of the student named above, I understand and acknowledge the risks associated with the sport of gymnastics, cheerleading, and dance and other related activities, including paralysis and other catastrophic injury, as well as medical expenses and damages that may result or be associated with the sport of gymnastics and related activities as referenced above. This waiver and release of liability applies to and includes Sierra Gymnastics Fitness and Cheer dba Auburn Gymnastics Center, its board of directors, officers, employees, instructors, agents, representatives, any independent contractors, including any and all instructors, landlords, and its successors as assigned. The undersigned further agrees to indemnify and save and hold Auburn Gymnastics Center harmless, including all other parties identified above from any liability arising out of negligent or intentional conduct of students, parents, family members or parties invited upon the premises by the student or any family members which results in loss, injury or damage to any other party.

Medical Release: I hereby authorize and give my consent to Sierra Gymnastics Fitness and Cheer dba Auburn Gymnastics *including any of its instructors or other authorized employees to provide emergency medical care and* to give authority to any emergency unit, hospital or doctor to render immediate aid as might be required for the treatment of the above named student in the event of any emergency either on the premises of Auburn Gymnastics Center or during the course of any sports event involving the student as a Auburn Gymnastics Center participant.

Use of Likeness: I give permission for Auburn Gymnastics to use images of my child for marketing purpose and for program development. _____ initial

Refund upon Cancellation: Auburn Gymnastics reserves the right to change class days and times. Should a member wish to cancel their membership, the membership fee is non-refundable.

Verification and Release: As legal parent, guardian or responsible party of this student, I hereby verify by my signature below that I accept the conditions of the waiver, release and indemnification; and furthermore I permit my child to participate in the events provided by Auburn Gymnastics Center. **I have read and fully understand the information above and sign this waiver and release of liability and I am fully informed of its content and meaning.**

Signature of Parent or Guardian _____ **Date** _____