

Gym Star Health Form and Registration



PLEASE PRINT NEATLY!

How did you hear about Gym Star? _____ Date _____

Student Name _____ T-Shirt Size _____

Enrolled Class _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Mother First Name _____ Last Name _____

Mother Cell _____ Work Phone _____

Mother Email (**required**) _____

Father First Name _____ Last Name _____

Father Cell Phone _____ Work Phone _____

Father email _____

Student Gender _____ Birth Date _____

Is your child currently taking any medications? _____ Allergies? _____

Primary Doctor _____

Disabilities _____

Special Needs _____

****Your child must have health insure to participate in class**

Health Insurance _____ Policy # _____

Expiration Date _____

Emergency Contact Person _____

Relation _____ Primary Phone # _____

See reverse side for more information

Gym Star Sports Center, Inc.

LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT

(To be completed for all persons participating in Gym Star activities)

Name of Student: _____

Name of Parent: _____

I recognize that Student's and Parent's participation in activities organized by Gym Star Sports Center, Inc. ("Gym Star") is allowed in consideration of my entering into this Agreement and I acknowledge that such participation is adequate consideration for the rights I am hereby releasing and the obligations I am hereby undertaking.

Acknowledgement of Risk: I understand and acknowledge: (a) gymnastics-related activities, including but not limited to, gymnastics, gymnastics observation, presence in or use of Gym Star facilities or equipment, fitness or flexibility training, gymnastics instruction at all skill levels, and gymnast spotting and assisting (collectively referred to as "Gym Star Activities") are physically demanding and are inherently dangerous activities; (b) that parent and student should not participate in Gym Star Activities unless medically able and properly trained; (c) that Gym Star Activities involve risks, known and unanticipated, which could result in physical or emotional injury, death, or damage to Parent, Student, property, or third parties; (d) that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activities; (e) that I am familiar with the risks involved; and (f) that persons acting on behalf of Gym Star may act negligently, including, but not limited to, being ignorant or unaware of a participant's abilities or giving inadequate warnings or instruction.

Assumption of Risk and Waiver of Liability: On behalf of myself and my heirs, assigns, and executors, I hereby:

- (a) Certify that I have properly informed myself of the risks of participating Gym Star Activities, and waive any and all specific notice of the existence of those risks and any other hazards or conditions;
- (b) Certify that I have insurance to cover injury damages I may cause or suffer during participation in Gym Star Activities, or else I agree to bear such costs;
- (c) Certify that I have no conditions, medical or otherwise, that could interfere with safety in this activity, or else I am willing to assume, and bear the cost of, all risks created by or related to such conditions;
- (d) Elect to participate in Gym Star Activities in spite of those risks;
- (e) **Assume all risks**, known and unanticipated, arising out of my participation in Gym Star Activities;
- (f) **Assume full and complete responsibility for any injury or loss** arising out of my participation in Gym Star Activities;
- (g) **RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS** Gym Star and anyone acting on behalf of Gym Star from any and all: liability, causes of action, claims, demands, costs or debts of any kind or nature, associated with or arising out of my participation in Gym Star Activities, including claims based on negligence and whether brought by myself or by any third persons (collectively referred to as "Claims");
- (h) Agree to **INDEMNIFY AND HOLD HARMLESS** Gym Star and anybody acting on its behalf for any attorney's fees and costs that they should incur in an effort to enforce this agreement; and
- (i) Agree that the venue of any litigation regarding this Agreement shall be in Whatcom County, Washington, and that Washington State law shall govern the interpretation of this Agreement.

I HAVE READ, UNDERSTOOD, AND ACCEPTED THE CONDITIONS OF THIS LIABILITY RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT AND I AGREE TO BE BOUND BY ITS TERMS.

Printed Name of Student

Signature of Student

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

See reverse side for more information