

Bounce Gymnastics Registration Form

Student(s) Name: _____

Age(s): _____

Date of Birth: _____

Parent / Guardian Name: _____

Contact #: _____ Email: _____

Home Address: _____

Which class are you registering for?

Pre Bouncer | Day: _____ Time: _____

K-1 Bouncer | Day: _____ Time: _____

Mighty Bouncer | Day: _____ Time: _____

Team | Days: _____ Time: _____

By signing below, I understand that there is no refund or credit after the third week of the semester. I understand that there is no refund or credit for any missed classes. I understand that any missed classes have to be made up before the end of the enrolled semester.

Parent Signature: _____ Date: _____

Bounce Gymnastics Inc.

RELEASE, WAIVER OF LIABILITY & EXPRESS ASSUMPTION OF RISK & AUTHORIZATION

I have voluntarily elected to use and, if applicable, allow the minor child(ren) identified below which are under my supervision (referred to individually and collectively herein as "Minor Participant") to participate in the programs of and/or use the facilities and equipment of Bounce Gymnastics Inc. and/or any of their subsidiaries and affiliates (collectively, "Bounce Gymnastics").

I hereby understand, acknowledge and agree that the programs and events held by Bounce Gymnastics may expose the Minor Participant to many inherent risks, including accidents, physical injury, illness or more serious injuries. By signing below, I and the Minor Participant assume all risk of injuries associated with participation. I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation of the Minor Participant in such activity. I acknowledge that if conditions are unsafe, I and the Minor Participant will immediately discontinue participation in any activity. I acknowledge that the Minor Participant is physically fit and mentally capable of performing the physical activity that I am choosing the Minor Participant to participate in. I understand that no assurance or guarantee of the Minor Participant's safety is being made by Bounce Gymnastics. I and the Minor Participant agree to observe and obey all rules, signs and warnings, and further agree, to follow all instructions or directions given by Bounce Gymnastics.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and Bounce Gymnastics furnishing services for the Minor Participant, I agree, for the Minor Participant, to HOLD HARMLESS, INDEMNIFY AND IRREVOCABLY RELEASE Bounce Gymnastics, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands or claims of any kind arising out of the Minor Participant's participation, at Bounce Gymnastics. By signing below, I certify that I have read and understand this Agreement and I am signing it of my own free will. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

I certify that I am the parent or legal guardian of the below named Minor Participants and/or am authorized to sign this Agreement.

Parent / Legal Guardian Signature: _____ Date: _____

Print Name of Parent / Legal Guardian Name: _____

Child / Minor Participant's Name: _____