

CAMP REGISTRATION FORM

Last Name _____ First Name _____ D.O.B _____/_____/_____ Age _____

Home Address _____

Mother/Guardian _____ Cell Phone _____ Email _____

Father/Guardian _____ Cell Phone _____ Email _____

Emergency Contact _____ Relation _____ Phone _____

Please indicate any medical problems _____

RELEASE AND WAIVER OF LIABILITY

1. **Voluntary Participation.** As the parent or legal guardian of _____,

I acknowledge that I have voluntarily registered my child to participate in gymnastics , trampoline, tumbling and related activities at the premises of First Coast Gymnastics.

2. **Assumption of Risk.** I am aware that gymnastics, trampoline, tumbling and related activities are hazardous activities and carry risks of severe injuries, including the risk of catastrophic injury, permanent paralysis or even death. I further authorize First Coast Gymnastics Center to obtain any emergency medical care that may become necessary for my child. I hereby I am voluntarily applying for my child to participate in these activities with knowledge of the danger involved. I hereby agree to accept any and all risks of my child's injury or death, and verify this statement by my initials here: _____.

3. **Release.** As consideration for First Coast Gymnastics agreement to allow my child to participate in these activities and use related facilities, I hereby agree on behalf of my child and my child's assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of First Coast Gymnastics on account of injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, instructor, coach or member of First Coast Gymnastics as a result of my child's participation in gymnastics, trampoline, tumbling and related activities.

4. **Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19.**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child and I may be exposed to or infected by COVID-19 by attending First Coast Gymnastics and that such exposure or infection may result in personal injury , illness , permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at First Coast Gymnastics may result from the actions, omission or negligence of myself and others, including but not limited to First Coast Gymnastics employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury my child or myself (including, not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child may experience or incur in connection with my child's attendance at First Coast Gymnastics or participation in First Coast Gymnastics programming ("Claims"). On my behalf, and on behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless First Coast Gymnastics, its employees, agents, and representatives of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of First Coast Gymnastics, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any First Coast Gymnastics program.

Each camp session must be paid in full at the time of registration. **NO REFUNDS after May 6th, 2024.**

Printed Name of Parent/Guardian _____ Date _____