

Date Received _____

PERSONAL INFORMATION

NAME OF PARTICIPANT _____ DATE OF BIRTH _____ GENDER _____

ADDRESS _____ CITY _____ STATE _____

MOTHER'S NAME _____ FATHER'S NAME _____

HOME PHONE _____ CELL (MOM) _____ CELL (DAD) _____

EMERGENCY CONTACT PERSON _____ PHONE _____ CELL _____

INSURANCE CO. _____ POLICY NO. _____ EMPLOYER _____

MEDICAL, PHYSICAL OR MENTAL CONDITIONS _____

E-MAIL _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

As legal guardian of _____, hereafter, child(ren) I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to martial arts, dance, gymnastics, tumbling, trampoline, cheerleading, soccer, ball sports, and racquet or stick sports. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Classic City Center for Arts and Athletics, Inc., dba, Turning Pointe Dance Academy, Classic City Gymnastics, Youth Enrichment Programs, Inc., Kombat Zone and camps, games, competitions, tournaments, exhibitions, and activities either in-house or at an outside venue. **I ACCEPT ALL RISKS AND RESPONSIBILITY** for losses, costs, and damages I/my dependent incur(s) as a result of my participation or that of my child(ren) in any activity.

In consideration for allowing my children to use these facilities I, on my own behalf and the behalf of my child(ren) and our respective heirs, administrators, executors and succession, hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE** Classic City Center for Arts and Athletics, Inc., its officers, directors, share holders, employees, administrators, volunteers, other participants, sponsors, advertisers, or agents (each considered one of the "RELEASEES" herein) from all liability for any and all damages or injuries suffered by my child(ren) while participating or observing in any activity at Classic City Center for Arts and Athletics, Inc.

I ACKNOWLEDGE and **AGREE** that I understand the nature of any activity in which I and/or any dependent participate(s) and am qualified and in proper physical condition to participate in this activity. I hereby release, discharge, covenant not to sue and **AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** each of the Releasees from all liability, claims, demands, losses, or damages on the participant's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the participant, or anyone on the participant's behalf makes a claim against any of the above Releasees, **I WILL INDEMNIFY, SAVE AND HOLD HARMLESS** each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

In the event of an accident or emergency I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold Classic City Center for Arts and Athletics and its representatives harmless in their execution of this action. I further authorize any attending physician to render any and all medical care that the physician may deem necessary. It is understood that, in any event, an attempt will be made to contact a parent or guardian of the youth before treatment is initiated. Additionally, I hereby agree to individually provide for all current and possible future medical expenses which may be incurred by me and/or my child(ren) as a result of any injury sustained while participating or observing at Classic City Center for Arts and Athletics and its affiliates.

I have read and understand this **ASSUMPTION OF RISK and WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY** affix my name in agreement.

Parent or Legal Guardian Signature

Date

I am aware that individual and group photos/videos are taken throughout the year and that my child's picture may appear in Classic City Center publicity or advertising and by my initials I hereby voluntarily grant my permission for this purpose. (Initial inside box).

