

# SGA Registration & Liability Release

## Sports Instruction Programs

<b>For office use only:</b>	
Email	_____
Reg Fee Paid	_____
T-shirt	_____
Credit/Debit	_____
Database	_____

Today's date \_\_\_\_\_

#1) Student's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Gender: Male Female

Student's Date of Birth: Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_ Current Age \_\_\_\_\_

#2) Student's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Gender: Male Female

Student's Date of Birth: Month \_\_\_ Day \_\_\_ Year \_\_\_\_\_ Current Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Mother's Work # \_\_\_\_\_ **Mother's E-mail (most reliable)** \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Father's Work # \_\_\_\_\_ **Father's E-mail (most reliable)** \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

\*\* Please declare any physical problems or restrictions (including those of adults who are participating with or without a child) and list any mental or special custody situations that would be important for us to be aware of:

\_\_\_\_\_

### Please read this Liability Release Form carefully and sign as indicated

In consideration of allowing the previously-declared participant(s) to begin participation in SGA activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant, acting for themselves and on behalf of the participant, release and hold harmless B&B Innovations, Inc., its owners, officers, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which SGA is conducted, or any premises under the control and supervision of B&B Innovations, Inc., its owners, officers, employees, or agents or in route to or from any of said premises, or while at any premises or place when activities sponsored by or participated in by B&B Innovations, Inc., its owners, officers, agents, or employees.

**Assumption of Risk** - Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said corporation, knowing their present condition and knowing that said condition may become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises described above. The corporation may but shall not be obliged to carry insurance on the participant(s), and the existence of insurance shall not change, alter, or increase the liability of the corporation to the participant and the undersigned or affect the terms of this Release. In signing this Release, the undersigned acknowledges:

- a) That he/she has read thoroughly and understands completely, the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Medical Release

The undersigned gives permission for B&B Innovations, Inc. owners, officers, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Marketing Release

I understand that my child's likeness may be used in Summit Gymnastics Academy ads, promotional videos, website material, or various other marketing. These images will be used for SGA purposes only, and will not be given or sold to outside companies or individuals.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_