

**Southern Michigan Gymnastics & Fitness Center, L.L.C**  
**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK; AND INDEMNITY AGREEMENT**  
**("AGREEMENT")**

Today's Date \_\_\_\_\_ Class Level \_\_\_\_\_ Class Days & Times \_\_\_\_\_ Starting Date \_\_\_\_\_

Student \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

CONTACT:

\_\_\_\_\_ / \_\_\_\_\_ Tuition . . . . . \$ \_\_\_\_\_  
 1st Parent or Contact Home Phone / Cell Phone

\_\_\_\_\_ / \_\_\_\_\_ Discount . . . . . \$ \_\_\_\_\_  
 2nd Parent or Contact Home Phone / Cell Phone

\_\_\_\_\_ / \_\_\_\_\_ Registration . . . . \$ \_\_\_\_\_  
 Emergency Contact Home Phone / Cell Phone

Medical: \_\_\_\_\_ Total Due . . . . . \$ \_\_\_\_\_  
 Physician Hospital Insurance

**E-mail:** \_\_\_\_\_ Amt. Enclosed. . . \$ \_\_\_\_\_

Medical Problems or Allergies \_\_\_\_\_ Method of Payment: Auto Pay with discount \_\_\_\_\_ Website: \_\_\_\_\_ Ck# \_\_\_\_\_

**AUTHORIZATION OF MEDICAL CARE**

We, the undersigned, certify that the applicant is in good health and may participate in activities at Southern Michigan Gymnastics & Fitness Center, LLC (SMG, LLC). In case of emergency requiring medical treatment, in case a parent cannot be reached, the staff of SMG, LLC may authorize medical care and treatment for the above named participant.

**AGGREEMENT TO PAY / POLICIES AND PROCEDURES**

**CHILD'S SAFETY** - Parent's are responsible for their child's behavior and their safety while on our premises...including parking lots, bathrooms, waiting areas, etc.  
**TUITION** - Tuition is due the 25<sup>th</sup> of each month for the following month. If paid after the first of the month, a \$5.00 late fee will be applied per child. A student will not be allowed to take classes if their bill is more than 30 days past due.  
**MISSED CLASSES** - I understand that there are no refunds or credits for missed or dropped classes once the session begins. I have read and understood these important policies.

**CONSENT OF PARTICIPATION**

As legal parent or guardian of \_\_\_\_\_, I give my consent for \_\_\_\_\_ to participate in the programs of SMG, LLC. I understand that participation in gymnastics, ninja, trampoline, dance, "sports sampler" classes, special events; camps, clinics, private lessons, adult fitness classes, online virtual training, and related activities may result in unavoidable injuries due to the heights and motions involved. I understand the dangers and risks of participation include, but are not limited to, muscle strains and tears, broken bones, partial and/or total disability, paralysis and death. I understand the dangers and risks of playing or practicing may result not only in serious injury, but in serious impairment of future ability to earn a living, engage in business and generally enjoy life. These risks and dangers may be caused by the negligence of the participant or the negligence of others. I further understand the risk of exposure to injury and/or infectious diseases, for myself and my child, as a participant, spectator at events, classes or our presence at the facility. There may be other risks not known to us or are not reasonably foreseeable at this time. I / we accept and assume such risks and responsibility for the losses and / or damages following such injury, disability, paralysis, or death, however caused or alleged to be caused in whole or in part by the negligence of SMG, LLC, guest coaches, event hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners and lessees of the premises used to conduct the event or activity and each of them, their officers, directors, agents and employees. I / we agree that this Consent of Participation covers each and every event or activity sponsored by SMG, LLC, including adult fitness classes (barre, or other), parent night out, open gyms &/or camps or clinics and online virtual training. This student / participant has no problems that might compromise their safe involvement. Because of the dangers of the sport, I understand the importance of following the coaches' instructions regarding techniques, training and other rules to obey instructions. I further acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure. I as legal parent / guardian, or adult participant, have read the above warning and release and understand its terms. I understand the sport of gymnastics, dance, ninja and other fitness classes / activities and online virtual training involves many risks, including but not limited to those outlined above. In addition, various SMG staff members may take photographs of students and staff from time to time for use in various informational, promotional and advertising efforts (including displays and facebook). I agree to permit such use.

\_\_\_\_\_  
 Parent, Legal Guardian, Adult Participant Date  
 How did you hear about Southern Michigan Gymnastics / Comments ? \_\_\_\_\_