



# Registration Form 2015 – 2016

**Visitors – Please complete only shaded areas and sign back.**

## Family Information

Student LAST NAME										Registration date					new		return		
Father last name (if different)										Father first name									
Mother last name (if different)										Mother first name									
Home address										City					Zip				
Primary phone					Phone 2					Phone 3									
Primary e-mail (required)																			
Secondary e-mail																			
E-mail statements and monthly newsletters will be e-mailed on or before the 10 <sup>th</sup> of each month. I understand I will not receive hard copies of my statement in the mail. I agree to inform Altius of any changes in my e-mail account. Please add <a href="mailto:Altius@Altiusgym.com">Altius@Altiusgym.com</a> to your address book to ensure receipt of your statements.																			
<input type="checkbox"/> Check here to sign up for automatic tuition withdrawal on the 15 <sup>th</sup> of each month.										Card Type		CC#						Exp. Date	
How did you hear about Altius? Please circle one.		Friend or family Name: _____			Party		Field trip		Web search		Mailing		Billboard		Phone book		Other		
Family insurance company					Emergency contact					Emergency phone									

### USE OF PHOTOGRAPHS, VIDEOTAPES AND RECORDINGS

I hereby acknowledge that I am the parent or legal guardian of \_\_\_\_\_ (hereafter "the participant(s)"). I authorize Altius Gymnastics to retain the right to use any photographs, videotapes, motion picture recordings or any other record of the participant(s) at Altius for publicity, advertising or any legitimate purpose.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

### MEDICAL CONSENT TO TREAT

I authorize Altius Gymnastics to provide to the participant(s), through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should the participant(s) require such assistance, transportation, or services as result of injury or damage related to participation in the activity. If the participant(s) is a minor, and a parent or guardian is not present, efforts will be made to contact a parent or guardian via the phone numbers provided that are reasonable under the circumstances, but treatment will not be withheld if a parent or guardian cannot be reached.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

## Student(s) Information

<b>1. Student FIRST NAME</b>			Birthdate			Age		Male	Female
School Year Level		Day	Time		Start date				
Summer Class		Day	Time		Number of weeks				
List any physical or psychological disabilities, chronic ailments, or allergies									
<b>2. Student FIRST NAME</b>			Birthdate			Age		Male	Female
School Year Level		Day	Time		Start date				
Summer Class		Day	Time		Number of weeks				
List any physical or psychological disabilities, chronic ailments, or allergies									

## Tuition and Payment

SCHOOL YEAR FEES		SUMMER SESSION FEES		OFFICE USE ONLY	
Membership fee		Membership fee		In Jackrabbit	Summer Jackrabbit
1 <sup>st</sup> Child		1 <sup>st</sup> Child		In binder	Summer binder
2 <sup>nd</sup> Child – 10% discount		2 <sup>nd</sup> Child – 10% discount		E-Mail sent	E-Mail sent
3 <sup>rd</sup> Child – 10% discount		3 <sup>rd</sup> Child – 10% discount		Forms complete	
Subtotal		Subtotal			
Discount & type		Discount & type			
Total paid		Total paid			
Balance due		Balance due			
Method		Method			
Received by		Received by			

**COMPLETE AND SIGN  
SEPARATE LIABILITY WAIVER.**

**ALTIUS GYMNASTICS ACADEMY  
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF  
RISK, AND INDEMNITY AGREEMENT**

FOR MINOR PARTICIPANTS

I \_\_\_\_\_ (legal name) agree to the following:

I hereby acknowledge that I am either the parent or legal guardian of \_\_\_\_\_ (hereinafter "the participant(s)").

IN CONSIDERATION of myself and/or the participant(s) being permitted to participate in any way in the activities, and/or otherwise being present, at Altius Gymnastics Academy, Inc. ("Altius Gymnastics"), located at 9670 S. Franklin Dr., Franklin, WI 53132, I AGREE TO THE FOLLOWING:

1. HEREBY acknowledge that THE ACTIVITIES AT ALTIUS GYMNASTICS ARE DANGEROUS AND INVOLVE THE RISK OF SERIOUS INJURY AND / OR DEATH AND / OR PROPERTY DAMAGE. THE ACTIVITIES AT ALTIUS GYMNASTICS INCLUDE, BUT ARE NOT LIMITED TO, GYMNASTICS, CHEERLEADING, COMPETITIONS, SOCIAL EVENTS, AND GENERAL ALTIUS GYMNASTICS ACTIVITIES (hereinafter the "ACTIVITIES"). Participation in many of the activities of Altius Gymnastics involves motion, rotation, and height in a unique environment and as such carries with it the risk of injury or death. Some of the risks include, but are not limited to, less serious injuries such as bruises, sprains or strains, and more serious injuries such as broken bones, dislocations, and torn muscles. The risks also include, but are not limited to, catastrophic injuries such as permanent paralysis or even death, which may be cause by landing or falling on the back, neck or head. Paralysis or death may be caused by an injury to the central nervous system or other vital organ. Initials \_\_\_\_\_

2. HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Altius Gymnastics, including its directors, officers, agents, and employees, all for purposes herein collectively referred to as "Releasees", FROM ALL LIABILITY, TO THE UNDERSIGNED AND THE PARTICIPANTS(S), FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO MYSELF OR THE PARTICIPANT(S) OR RESULTING IN DEATH ARISING OUT OF OR RELATED TO ANY ACTIVITIES, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEES OR OTHERS. Initials \_\_\_\_\_

3. HEREBY AGREE TO INDEMNIFY AND SAVE HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to ANY ACTIVITIES WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS. Initials \_\_\_\_\_

4. HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to ANY ACTIVITIES WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS. Initials \_\_\_\_\_

5. HEREBY agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all omissions or acts of negligence by the Releasees, including negligent rescue operations, and is intended to be as broad and inclusive as is permitted by the laws of Wisconsin and if any portion of the Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Initials \_\_\_\_\_

6. HEREBY ACKNOWLEDGE AND UNDERSTAND THAT I HAVE THE RIGHT AND HAVE BEEN GIVEN THE OPORTUNITY TO SEEK INDEPENDENT LEGAL ADVICE BEFORE SIGNING THIS AGREEMENT. Initials \_\_\_\_\_

7. ACKNOWLEDGE AND UNDERSTAND THAT ALTIUS GYMNASTICS IS NOT THE ONLY FACILITY IN THE AREA OFFERING THE TYPES OF ACTIVITIES OFFERED BY ALTIUS GYMNASTICS. Initials \_\_\_\_\_

8. ACKNOWLEDGE AND UNDERSTAND THAT I HAD THE OPPORTUNITY, BEFORE DECIDING TO SIGN THIS AGREEMENT, TO NEGOTIATE DIFFERENT RELEASE/WAIVER TERMS FOR A SUBSTANTIALLY HIGHER PARTICIPATION FEE. AS I HAVE DECIDED I DO NOT WANT TO PAY A SUBSTANTIALLY HIGHER FEE FOR THE ACTIVITIES, I HEREBY WAIVE THE RIGHT TO BARGAIN FOR DIFFERENT RELEASE/WAIVER TERMS. Initials \_\_\_\_\_

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS ON MY BEHALF AND ALSO ON BEHALF OF THE PARTICIPANT(S) BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT AN INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. IF I AM MARRIED, I REPRESENT AND AGREE THAT I AM EXECUTING THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND AUTHORIZATION AGREEMENT ON BEHALF OF MY SPOUSE FOR THE BENEFIT OR MY MARRIAGE AND FAMILY. IF THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY, AND AUTHORIZATION AGREEMENT IS BEING E-MAILED TO ALTIUS GYMNASTICS, THOSE NAMES ENTERED ONTO THIS FORM JUST BELOW ARE INTENDED AS LEGALLY BINDING SIGNATURES.

\_\_\_\_\_  
(Adult/parent/guardian printed name)

\_\_\_\_\_  
(Adult/parent/guardian printed name)

\_\_\_\_\_  
(Signature and date)

\_\_\_\_\_  
(Signature and date)