



REGISTRATION FORM

FAMILY INFORMATION

Student Last Name		Today's Date	
Home Phone		Referred By	
Address	City	Zip	
Parent's First Name		Parent's Last Name	
Primary Phone*		Work Phone	
Email*			
Parent's First Name		Parent's Last Name	
Phone		Work Phone	
Email			

STUDENT AND ENROLLMENT INFORMATION



Last Name	First Name	DOB	Age	Gender
Class type	Day	Time	Start Date	
<i>Summer Only - Weeks</i>	Allergies or Medical Condition			
Last Name	First Name	DOB	Age	Gender
Class type	Day	Time	Start Date	
<i>Summer Only - Weeks</i>	Allergies or Medical Condition			
Last Name	First Name	DOB	Age	Gender
Class type	Day	Time	Start Date	
<i>Summer Only - Weeks</i>	Allergies or Medical Condition			

FEES



	1 st child	2 nd child (or class)	3 rd child
Membership fee			
Class fee			
Discount			
Discount			
Discount			
Totals			
Grand total =	<i>Summer Only - Paid in full or 50%</i>		
Payment method	Date	Rec'd by	

**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)