

ALL AMERICAN FLAMES GYMNASTIX, LLC – REGISTRATION FORM

Return by Fax 810-984-3961, Mail 2915 Lapeer Rd. Port Huron, MI 48060 or deliver to All American Flames Gymnastix before class participation begins

PARENT / GUARDIAN BILLING INFORMATION



PLEASE PRINT CLEARLY

FIRST NAME _____ LAST NAME _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____ WORK _____

EMERGENCY CONTACT (IF PARENT IS UNAVAILABLE) _____ PHONE _____

HOW DID YOU HEAR ABOUT US? _____

Registration Is Not Complete Without Full Payment. No class participation without full payment.

STUDENT INFORMATION



PLEASE COMPLETE ALL FIELDS CLEARLY

STUDENT NAME _____ BIRTHDAY _____ CLASS _____ DAY _____ TIME _____

SPECIAL MEDICAL RESTRICTIONS/ALLERGIES _____

STUDENT NAME _____ BIRTHDAY _____ CLASS _____ DAY _____ TIME _____

SPECIAL MEDICAL RESTRICTIONS/ALLERGIES _____

WAIVERS



ASSUMPTION OF RISKS/WAIVER OF LIABILITY: As the legal guardian of the above mentioned person(s), I am fully aware of the potential dangers, including permanent paralysis or death, which can occur in any sport or activity involving height or motion. I am fully aware that these "height or motion" activities are inherent to the programs of All American Flames Gymnastix, LLC, and I voluntarily ACCEPT ALL RISKS and give my consent for my child(ren) to participate. I further recognize that the above mentioned person(s) is/are qualified, in good health, and in proper physical condition to participate in any and all programs offered by All American Flames Gymnastix, LLC. These programs include, but are not limited to, gymnastics, tumbling, trampolines, inflatables and cheerleading. IN CONSIDERATION FOR BEING ALLOWED TO USE THE FACILITIES OPERATED BY ALL AMERICAN FLAMES GYMNASTIX, LLC, I HEREBY AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS ALL AMERICAN FLAMES GYMNASTIX, LLC, ITS AGENTS, OWNERS, OFFICERS, DIRECTORS, PRINCIPALS, VOLUNTEERS, PARTICIPANTS, CLIENTS, CUSTOMERS, INVITEES, EMPLOYEES, INDEPENDENT CONTRACTORS, INSURERS, FACILITY OPERATORS, LAND AND/OR PREMISES OWNERS, AND ANY AND ALL OTHER PERSONS AND ENTITIES ACTING IN ANY CAPACITY ON ITS BEHALF (COLLECTIVELY "FLAMES") FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES OR DAMAGES OF ANY KIND EXPERIENCED, REGARDLESS OF FAULT, BY ME, BY ANY OF MY CHILDREN, BY ANY MINOR WARDS FOR WHOM I AM RESPONSIBLE, OR ANY CHILDREN THAT I HAVE BROUGHT TO FLAMES, ARISING FROM OR RELATING IN ANY WAY TO THEIR PRESENCE OR PARTICIPATION IN ANY ACTIVITY(S) AT FLAMES. THIS AGREEMENT TO INDEMNIFY AND HOLD HARMLESS SHALL INCLUDE BUT NOT BE LIMITED TO ANY ATTORNEY'S FEES, LITIGATION EXPENSES, DAMAGES AND/OR JUDGMENTS FLAMES INCURS DEFENDING AN ACTION BROUGHT BY ME, BY ANY OF MY CHILDREN, BY ANY MINOR WARDS FOR WHOM I AM RESPONSIBLE, OR ANY CHILDREN THAT I HAVE BROUGHT TO FLAMES. I FURTHER AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS FLAMES FOR ANY INJURY, DAMAGE AND/OR HARM THAT MAY BE CAUSED BY ME, BY ANY OF MY CHILDREN, BY ANY MINOR WARDS FOR WHOM I AM RESPONSIBLE, OR ANY CHILDREN THAT I HAVE BROUGHT TO FLAMES.

PERMISSION TO TREAT: I acknowledge that All American Flames Gymnastix, LLC, staff members are not physicians or medical practitioners. I grant permission to All American Flames Gymnastix, LLC, staff members to provide temporary first aid in the event of injury or illness, and if deemed necessary to seek medical help including calling of an ambulance for the above mentioned person(s). I acknowledge that the above mentioned person(s) are in good health and have adequate medical insurance coverage while enrolled at All American Flames Gymnastix, LLC. I agree to provide for all medical expenses incurred by my child as a result of any injury sustained during participation at All American Flames Gymnastix, LLC.

PERMISSION TO USE PHOTOS: I grant permission to All American Flames Gymnastix, LLC, to use photographs and videos of my child for use in print or broadcast media as deemed appropriate for the promotion of All American Flames Gymnastix, LLC.

SIGNATURE _____ DATE _____

PRINT NAME _____

ALL AMERICAN FLAMES GYMNASTIX, LLC – ADULT WAIVER FORM

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ADULT BILLING INFORMATION



PLEASE PRINT CLEARLY

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____ WORK _____

EMERGENCY CONTACT _____ PHONE _____

EMAIL _____

ADULT WAIVERS



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT: In consideration of participating in the All American Flames Gymnastix, LLC, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue All American Flames Gymnastix, LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescuer operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

SIGNATURE _____ **DATE** _____

PRINT NAME _____