

BREASHA PRUITT ELITE GYMNASTICS

2949 N. ST. JOE EVANSVILLE, IN 47720

\$40 Registration Fee is due annually based on your registration date. (NON- REFUNDABLE)

This form MUST be completed and signed before your child may participate in any activities at B.P.E.G

STUDENT'S NAME:(F/L) _____ M/F: _____ AGE: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

D.O.B (mm/dd/yyyy) _____ SCHOOL: _____ GRADE: _____

ALLERGIES/ SPECIAL NEEDS/MEDICATIONS (Voluntary Info): _____

PARENT /GUARDIAN/FOSTER PARENT INFORMATION:

NAME:(F/L) _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOME PHONE: () _____ CELL PHONE: () _____

**May we contact you via text message for future communication? YES / NO*

(charges may apply and will be your responsibility.)

EMAIL: _____ Work#: () _____

NAME:(F/L) _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOME PHONE: () _____ CELL PHONE: () _____

EMAIL: _____ Work#: () _____

EMERGENCY CONTACT:

NAME:(F/L) _____ RELATIONSHIP: _____

PHONE:() _____ CELL: () _____

How did you hear about us? _____

(Newspaper, Friend, FB, Instagram, Radio, TV, Googleother)

Office Use Only: Class: _____ Day: _____

Time: _____ Amount:\$ _____ Balance:\$ _____ Payment: _____

Date Pd: _____ Check/MO # _____ FILED: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY PARTICIPATION AGREEMENT

I/We hereby give permission for my/our child (ren) to fully participate in **Breasha Pruitt Elite Gymnastics** program. I represent that I understand the nature of this activity and that my child is 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 risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by the students’ 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 known or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, costs and damages incurred as a result of student participation in the activity.

I hereby release, discharge and covenant not to sue BLP Enterprises LLC/ Breasha Pruitt Elite Gymnastics, it's respective administrators, directors, agents, officers, volunteers, employees, other participants, any sponsors, advertisers, and if applicable owners a lessors of premises on which the activity takes place, (each considered on the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on students account caused or alleged to be caused in whole or in part by negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability and assumption of risk, I, student, or anyone on student's behalf makes a claim against any of the Releasees, I, students/parent/guardian will indemnify, save and hold harmless each of the releasees from any loss, liability, damage or cost, which make occur as the result of such claim.

I understand that, as with any sport, there are certain inherent risks in gymnastics and related activities and that I, intending to be legally bound, waive and release Breasha Pruitt Elite Gymnastics/ BLP Enterprises LLC., its employees and officers, of all responsibility for any injury sustained by my child in connection with the program at The Breasha Pruitt Elite Gymnastics or its facilities. I/We give permission to transport my/our child (ren) to a nearby medical facility if reasonable efforts to contact us have failed.

I have read the **RELEASE AND WAVIER 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 invalid the balance, notwithstanding, shall continue in full force and effect.
By completing this registration and signing your full name below you agree to **ITS ENTIRETY.** *This signed wavier and agreement shall be valid for 365 days from the date of execution.*

Parent / Guardian signature _____ Date: _____

ADULT PARTICIPATION RELEASE

Please sign below if participating in **“Parent & Tot” or “Family Fitness” class**

I, the undersigned, understand that by participating fully in Breasha Pruitt Elite Gymnastics program, as with any sport, there are certain inherent risks in gymnastics and related activities. I, intending to be legally bound, waive and release Breasha Pruitt Elite Gymnastics / BLP Enterprises LLC., its employees and officers, of all responsibility for any injury sustained by me in connection with the program at Breasha Pruitt Elite Gymnastics, or its facilities. This agreement extends to my heirs, or executors who may act in my behalf.

Signature: _____ Date: _____

