

Waiver Agreement: In consideration of participating in the Ohio Gymnastics Institute, 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@ names 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 the Ohio Gymnastics Institute, Inc., 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 one considered on of the ARELEASEES@ 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 rescue 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.

Printed name of PARENT/GUARDIAN Participant in Parent/Child Program Date

Signature of PARENT/GUARDIAN

PARENTAL CONSENT - ALL LEVELS PRESCHOOL THROUGH ADVANCED

And I, the minor=s parent and/or legal guardian, understand the nature of the above referenced activities and the Minor=s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the releasees from all liability, claims, demands, losses or damages on the minor=s account caused or alleged to have been caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor=s behalf makes a claim against any of the above releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any releasee may incur as the result of any such claim.

Printed name of PARENT/GUARDIAN Date

Signature of PARENT/GUARDIAN

PLEASE READ THE FOLLOWING POLICIES REGARDING PAYMENTS. SIGN BELOW INDICATING THAT YOU UNDERSTAND AND AGREE TO ABIDE BY THE PAYMENT POLICIES.

I understand that payments are due on the 1st of each month in advance of the upcoming month. A \$5.00 discount will be applied only to payments received in the office on or before the 1st. A 10% late fee will be applied to any outstanding balance after the 7th of each month. **THERE ARE NO REFUNDS.** Once my child enrolls, a class space will be held for my child until such time that I personally notify office staff regarding any changes in my child=s schedule of gymnastic classes. I understand that I will continue to be responsible for fees until I notify the office of any changes in my child=s gymnastics class schedule. I understand that my child will be removed from the class roster after the 14th of the month should the following occur: Absence of two weeks and no payment for the month. The Lesson Fees for the reserved class times are my responsibility.

Signature of PARENT/GUARDIAN Date

030706

Waiver agreement:

I understand the sport of gymnastics involves certain inherent risks. I assume all precautions are taken in consideration of your accepting this student I hereby for myself, my heirs, executors, administrators and assigns, waive and release any and all rights and claims for damage I have against the Ohio Gymnastics Institute, Inc., their agents, representatives, successors, and assigns for any and all injuries and losses suffered by me and mine in connection with the Ohio Gymnastics Institute, Inc. Additionally, the Ohio Gymnastics Institute, Inc. has my permission to render any first aid emergency treatment to my child while in attendance at the Ohio Gymnastics Institute, Inc.

Signed Date

PLEASE READ THE FOLLOWING POLICIES REGARDING PAYMENTS. SIGN BELOW INDICATING THAT YOU UNDERSTAND AND AGREE TO ABIDE BY THE PAYMENT POLICIES.

I understand that payments are due on the 1st of each month in advance of the upcoming month. A \$5.00 discount will be applied only to payments received in the office on or before the 1st. A 10% late fee will be applied to any outstanding balance after the 7th of each month. **THERE ARE NO REFUNDS.** Once my child enrolls, a class space will be held for my child until such time that I personally notify office staff regarding any changes in my child=s schedule of gymnastic classes. I understand that I will continue to be responsible for fees until I notify the office of any changes in my child=s gymnastics class schedule. I understand that my child will be removed from the class roster after the 14th of the month should the following occur: Absence of two weeks and no payment for the month. The Lesson Fees for the reserved class times are my responsibility.

Signature Date