

Show-Me Acro LLC

2297 Rose Lane Pacific, Mo 63069 (314)399-8874

Facebook: ShowMeAcroGymnastics

Release Form: (Please Print)



All information needs to be completed in full in order to participate.

Family Information

Parent/Guardian Name

Parent/Guardian E-Mail

Parent/Guardian Phone

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Parent/Guardian Name

Parent/Guardian E-Mail

Parent/Guardian Phone

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Street address/City/Zip

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Student Information

Names of Children in family

M / F

Age

Date of Birth

Grade

Special Concerns / Allergies

Names of Children in family	M / F	Age	Date of Birth	Grade	Special Concerns / Allergies
1.					
2.					
3.					
4.					
5.					

Emergency Contact (other than parents)

Name: _____

Phone: _____

Medical Information / Health Insurance Carrier: _____

Assumption of risk, release, and Waiver of Liability:

Continues on Back

Photography/ Media Release:

I do hereby give my consent for **Show-Me Acro LLC and Show-Me Dance and Fitness Center** to use individual and or group photos, videos, or information regarding those I am legally responsible for or myself for publicity and advertisement purposes including facebook.

Eligibility:

I agree to comply with, and make myself, and those I am legally responsible for, aware of the rules and policies of Show-Me Acro LLC.

Assumption of Risk:

I understand that severe injuries even death can occur in sports, performing arts, activities that involve height or motion which are inherently present in tumbling, acrobatics, and dance. Being fully aware of these dangers I hereby give my consent for my child/children to participate in any and all programs offered at **Show-Me Acro LLC**. I promise to release and hold harmless **Show-Me Acro LLC, Show-Me Dance and Fitness Center, Browning LLC**, its owners, teachers, assistants, and demonstrators, whether paid or volunteer, from any and all liability, claims, demands and causes of action whatsoever, arising out of, or relating to, any loss, damage, or injury that may be sustained by the participant and/or the undersigned while in or traveling to and from our premises. I also agree not to hold **Show-Me Acro LLC and Show-Me Dance and Fitness Center** liable for any injuries or illness sustained while in the facility as a non-class participant.

I hereby give permission to **Show-Me Acro LLC**, its owners and representatives to seek medical treatment for the participant in the event that they are not able to reach a parent or guardian.

By signing this form, I agree to the best of my knowledge that all information on this registration release form is accurate. I further verify that I am legally and financially responsible for the students listed above.

Signature of Parent/Guardian

Date

Print Name Parent/Guardian

Show-Me Acro LLC

Release and waiver of Liability:

I, the undersigned parent/ guardian of the above listed minors (applicant/participant) acknowledge and fully understand that the applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from the actions, inactions or negligence, of the applicant/participant, but also the action, inaction or negligence of others, the rules of play or the condition of the premises or of any equipment used, and further that there may be other unknown risks not reasonably foreseeable at this time. Having full knowledge of the above, the applicant/participant assumes all the foregoing risk and accepts personal responsibility for the damages following such injury, permanent disability or death, and hereby releases, discharges and covenants to indemnify and not to sue **Show-Me Acro LLC**, as owners and/or **Show-Me Dance and Fitness Center Browning LLC** as lessors of premises used to conduct classes or events, or its representatives whether paid or volunteer. All of which are hereinafter referred to as release(s)', from any liability of the applicant/participant, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant/participant as a result of his or her participation in the programs, activities and/or the act of being transported to or from the same, which participation, after careful consideration, the applicant/ participant hereby authorizes, and which transportation the applicant/participant hereby authorizes. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the programs and/or activities. The applicant/participant gives his or her consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel provide him or her with medical assistance and/or treatment and agrees to be financially responsible for the reasonable cost of such assistance and/or treatment. The applicant/participant, also agrees to save and hold harmless and indemnify each and all parties herein referred to above as releases from liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said release because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of a release.

The undersigned has read the above waiver/release and understands that the applicant/participant has given up substantial rights by signing this release and signs below voluntarily.

Signature of Parent/Guardian

Date

Print Name Parent/Guardian

For Staff Use Only

Class selection:

Class day and time:

Trial Date:

Gmail:

Mailchimp:

Attendance Log:

Payment method: