

**Please be sure to print and have legal parent or guardian complete all information  
and sign at the bottom to participate in programs at Spokane Gymnastics**



**509-533-9646 or 509-315-5433**

**Spokane Gymnastics Argonne Village - 2515 N. Locust Road Spokane Valley 99206**

**PARTICIPANTS NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **M/F**  
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**HOME ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE #1:** \_\_\_\_\_ **PHONE #2:** \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_  
**PARENT'S NAME:** \_\_\_\_\_ **PARENT'S NAME:** \_\_\_\_\_

Tuition and annual membership fee is due at registration or with "Auto Pay Agreement".

Once enrolled "all sales are final" and Spokane Gymnastics does not offer refunds or credits.

Medical Coverage: Gymnasts must be covered by medical insurance in order to participate at Spokane Gymnastics. My child is covered by the following health insurance:

**Insurance Carrier:** \_\_\_\_\_

Medical Information: Does child have ANY medical or issues that might interfere with gymnastics?

**No** \_\_\_\_\_ **Yes** \_\_\_\_\_ If yes, please explain:

**RELEASE FROM LIABILITY AND INDEMNITY  
AGREEMENT PERMISSION TO TREAT IN AN EMERGENCY**

I affirm that I am over the age of 18, or I am the parent or legal guardian of the child(ren) identified above, and voluntarily authorize my child(ren) to participate in activity at Spokane Gymnastics. I understand that there are inherent dangers associated with breakdancing and gymnastics and recognize that any physical activity involves risks of serious injury or death, including but not limited to temporary or permanent muscular and skeletal injury and paralysis. Knowing these risks, I and my child(ren) assume all risks, whether foreseen or unforeseen, in connection with participation in this activity. I understand that Spokane Gymnastics is not liable for lost, stolen, vandalized, or damaged items.

WE AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, WAIVE, AND RELEASE SPOKANE GYMNASTICS, TOGETHER WITH ITS OFFICERS, TRUSTEES, EMPLOYEES, AGENTS AND MEMBERS, AGAINST ANY AND ALL LIABILITY, CLAIMS AND CAUSES OF ACTION ARISING OUT OF, OR IN ANY WAY CONNECTED WITH MY CHILD'S PARTICIPATION IN THIS ACTIVITY OR BY EQUIPMENT. Furthermore, I assume complete responsibility for any property damage and/or personal injury caused by me or my child(ren) in connection with his/her/their participation in activities at Spokane Gymnastics.

I understand that this Release Agreement is a legally binding contract and shall remain in effect for the duration of my participation in Spokane Gymnastics activities. This Release agreement shall bind my heirs, personal representatives, assigns and all members of my family, including minors.

I HAVE FULLY INFORMED MYSELF OF CONTENTS OF THIS APPLICATION AND RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT BY READING BEFORE SIGNING IT.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

