



Registration Form/Waiver 2024-2025

Participant's Name: _____

Gender: (circle) Female Male Participant's Date of Birth: _____

Mom's Name: _____ Dad's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Mom Cell Phone: _____ Mom Email: _____

Dad Cell Phone: _____ Dad Email: _____

Emergency Contact (other than parent): _____ Phone Number: _____

How did you hear about us? _____

Consent and Liability Waiver - Release of all claims (must be signed to participate)

IN CONSIDERATION of being permitted to participate in any way in Gymnastics I, for myself for personal representatives, assigns, heirs, and next of kin: 1. ACKNOWLEDGE, agree, and represent that I understand the nature of Gymnastics, and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. 2. FULLY UNDERSTAND THAT: a. Gymnastics, or ANY OTHER ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); b. These Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; 3. HEREBY RELEASE, DISCHARGE, AND CONSENT NOT TO SUE DUSHYN SPORTS ASS., their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and/or applicable, owner 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 RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I will INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT 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. 4. Participants understand that all pictures and videos of DUSHYN SPORTS ASSOCIATION INC featuring them can and may be used for Official DUSHYN SPORTS ASSOCIATION INC. media, marketing, and advertising. By Signing below participants agree to the use of these pictures or videos by DUSHYN SPORTS ASSOCIATION INC.

____ (Initial) I am aware that I must fill out or submit drop request via program by the 1st of the month to avoid paying next month's tuition. Tuition continues to be billed until I withdraw from the program. **No credit** will be given for unattended classes.

____ (Initial) I am aware that tuition fees will be directly debited from my account or charged to a credit card on the 1st & 15th of each month (paying in advance for the following month). I also understand that a returned payment fee \$35.00 will be added to my account on the 19th of each month if tuition is not paid prior. Athletes with an unpaid tuition balance will result in the athlete being withdrawn from the program. Failure to pay by the 1st or 15th of the month will result in the athlete being withdrawn from the program.

____ (Initial) I allow DSA Rhythmic Tumbling Gymnastics & Cheer to take pictures of my child and post them on social media.

Participant information: (If over the age of 18 years old)

____ Last Name, First Name & Middle Initial

Signature _____ Date: _____

Guardian Information: (If under the age of 18 years old)

I agree to the terms of this waiver and release of claim on behalf of the minor identified and attest that I am at least eighteen and am responsible for this minor.

____ . Parent/Guardian last Name, First Name & Middle Initial

IN THE EVENT OF MY ABSENCE, I HEREBY GRANT DUSHYN SPORTS ASSOCIATION AND ITS REPRESENTATIVES THE PERMISSION TO SECURE FOR AND / OR SIGN FOR PREVENTATIVE AND / OR EMERGENCY MEDICAL TREATMENT OF MY CHILD.

____ Parent/Guardian Signature Date: _____