

Please use the following waiver:

When you have any participant that is a minor.

**(Parent or Legal Guardian should sign the name of the minor if the minor is not old enough to sign the waiver themselves.) Also have the parental consent portion signed by the Parent and /or Legal Guardian. This waiver, when the parent gives parental consent for the minor, does NOT cover the parent if something should happen to the parent. This waiver only covers the minor. If the Parent decides to participate in the same activity as the minor, the parent must sign the Adult Waiver form.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the gymnastics program 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” named 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 Thompsons Gymnastics Center, 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 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 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 Participant

Date

PARENTAL CONSENT

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 Releases 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/or Legal Guardian

Date

Signature of Parent/or Legal Guardian

PAYMENT POLICY

**I understand that Thompsons does not refund.

Credit card information **MUST be given if the tuition is not paid in full on your first day of class.

Please check each to confirm you have read each of them:

_____ I hereby understand that the first payment is due by the 1st week of classes.
The second payment is due by the 5th week of classes.

_____ I hereby understand that Thompsons Gymnastics will process my credit card if my bill is not paid by the end of payment week.

_____ Students with an outstanding balance will not be allowed to participate in class.

_____ A \$25.00 fee will be charged for all returned checks.

WITHDRAWAL POLICY

To Receive tuition credit, Withdrawals from class **MUST BE SUBMITTED IN WRITING** to the front desk **ONE WEEK** prior to the actual drop date. Verbal drop notices to teachers or via phone will not be accepted. There will be no tuition credit for classes missed when this policy is not followed accordingly.

I understand and will comply with the above stated payment & withdrawal policies.

Print Name of Parent or Guardian

Signature of Parent of Guardian

Date