

# AIRBORN Xtreme

## UNIVERSAL REGISTRATION, MEDICAL INFORMATION ACKNOWLEDGMENT OF RISK WAIVER RELEASE & PHOTO RELEASE

Participants Name: \_\_\_\_\_ M / F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
I will be attending Club Class: \_\_\_\_\_ Birthday Party: \_\_\_ Open Gym: \_\_\_ Other: \_\_\_  
Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Warning: Catastrophic injury, paralysis or even death can result from improper conduct of activity. In consideration of Airborn Xtreme accepting my child or myself into participation and training in gymnastics, which activity I hereby acknowledge involves greater than normal risk of injury or up to death. I agree, as my child's parent/legal guardian to assume responsibility for all risk, cost, or losses sustained by me, my child, or my child's family in connection with participation in gymnastic classes, programs, lessons, meets, birthday parties, open gyms, field trips, or any other activity connected with Airborn Xtreme. Training in our facility at Airborn Xtreme,

you VOLUNTARILY ASSUME ALL RISK related to any possible exposure to Covid-19.

I give my permission to Airborn Xtreme to staff or representatives or appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of Airborn Xtreme. In case of an emergency, I understand that my child will be transported to an appropriate medical facility by local emergency unit for treatment if the local emergency resources deem it necessary. The child will be transported at my expense as the legal guardian. I will not hold Airborn Xtreme or its staff or representative liable for any expenses that may incur.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician and/or other acting on behalf of the parent can be reached. Further, I hereby release and agree to hold harmless and to indemnify Airborn Xtreme's employees, owners, volunteers and staff from any claims, losses, damages, injuries, or expenses incurred or on the behalf of me, my child or my child's family which arise during or in the result of my participation in the called activity.

I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement. I understand it fully speaking for myself or as a parent/legal guardian of this participant, I hereby verify by my signature below. I fully understand and accept each of the above conditions for participating or for permitting my child to participate in activities at Airborn Xtreme. Photo Release: I hereby understand, consent and authorize Airborn Xtreme to use photographs or video of me, my child or family that may be taken during the course of class instruction, special event at Airborn Xtreme or at a function sanctioned by Airborn Xtreme. I hereby grant permission to Airborn Xtreme to use my child's photograph or likeness in any publicity or promotional publications. (e.g., web site, newspaper ads, bulletin boards, newsletters, programs, brochures, public broadcasting releases, etc.) and to allow the news media to film and/or photograph programs and activities for broadcast purposes.

Health Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List any allergies, physical or psychological disabilities: \_\_\_\_\_

Emergency Contact Person (In the event that a parent or guardian cannot be reached): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant 18 years or Older: \_\_\_\_\_ Date: \_\_\_\_\_