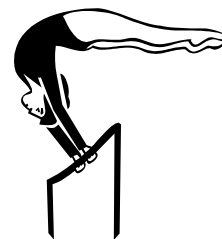


# High Plains Gymnastics Academy LLC

17556 Saunders Road  
Fort Morgan, CO 80701  
Phone: 970-542-2496  
hpgymnastics@yahoo.com  
www.highplainsgymnastics.com  
Updated: August 1, 2017



## 2017-2018 Registration Form

*Please submit an annual registration fee with this form. (\$40/gymnast or \$65/family) Make checks payable to HPGA LLC.*

Today's Date: \_\_\_\_\_  New Registration  Renew Membership  Change of Information

### Gymnasts' Information:

Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: M F Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: M F Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: M F Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

### Parents/Guardians Information:

Primary Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_ Home #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_  
2nd Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_ Home #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work#: \_\_\_\_\_

### Emergency Information:

Emergency Contacts if above parents/guardians is not available:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical Alert/Allergies/Physical Limitations: \_\_\_\_\_

Any other important information about gymnast: \_\_\_\_\_

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION IS RISK, AND INDEMNITY AGREEMENT  
("AGREEMENT")

In consideration of participating at High Plains Gymnastics Academy LLC, 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 "releases" 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 High Plains Gymnastics Academy LLC, its respective administrators, directors, agents, officers, volunteers, 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 a 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 in held to be invalid the balance, notwithstanding, shall continue in full force and effect.

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 Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of such claim.

Consent of Treatment of a Minor

Should it be necessary, in the opinion of a staff member of High Plains Gymnastics Academy LLC to render first aid and assistance to the participant(s) listed above, I hereby grant permission to the staff of High Plains Gymnastics Academy LLC and other medical personnel to render such aid and assistance as they may deem necessary. I have carefully read this consent for treatment of a minor and fully understand its contents.

Agreement to Rules, Policies and Information for High Plains Gymnastics Academy LLC

Our signatures verify that we have received a copy of the 2017-2018 rules and policies for High Plains Gymnastics Academy LLC. We have read this document and agree to abide by these terms. Further, parent/guardian agrees by signing this form that they have discussed the rules, policies and information with their child(ren).

\_\_\_\_\_  
Printed name of participant(s)

\_\_\_\_\_  
Signature of Participant(s) (Aged 18 or over)

\_\_\_\_\_  
Printed name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian