Participant Information Form

Name _____ Age ____ Birthday _____

Phone # _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

Employer _____

Work Phone # _____ Additional Phone # _____

Emergency contacts:

Name/Relation _____ Phone # _____

Name/Relation _____ Phone # _____

Doctor's Name _____ Phone # _____

Preferred Hospital _____ Insurance Co. _____

Any allergies or intolerance to drugs or medications the staff should be aware of?

_____

_____

Any previous injury, illness, or condition the staff should be aware of?

_____

_____

_____

If so, are there any precautions or restrictions? _____

_____

_____

How did you hear about TUMBLEMANIA? _____

For office use only:

Registration Fee _____ Monthly Fees _____

Trial Class Attended _____

Trial Class Date _____

Registration Checklist

Payment Date:_____

___ Auto Pay
___ Registration spreadsheet
___ Birthday list
___ Google

Club Waiver and Release Form

Please read the following WAIVER AND RELEASE carefully and sign on the designated lines.

I, _____, HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge TUMBLEMANIA, LLC ("TUMBLEMANIA"), its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events or activities conducted by, on the premises of, or for the benefit of, TUMBLEMANIA, provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities that I will participate in are inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of myself, my heirs, assigns and next of kin, I waive all claims for damages, injuries and death sustained to me or my property, that I may have against the aforementioned released party to such activity.

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with TUMBLEMANIA, including but not limited to gymnastics, trampoline, tumbling, cheerleading, fitness, dance, in individual and group settings.

This WAIVER AND RELEASE contains the entire agreement between the parties, and supersedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties. The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, TUMBLEMANIA whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 years of age or older and mentally competent to enter into this waiver.

I fully understand that TUMBLEMANIA staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the TUMBLEMANIA staff to render temporary first aid to me in the event of any injury or illness, and if deemed necessary by the TUMBLEMANIA staff to call our doctor and to seek medical help, including transportation by a TUMBLEMANIA staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for me should the TUMBLEMANIA staff deem this to be necessary.

Sign: _____

Print: _____

Date: _____