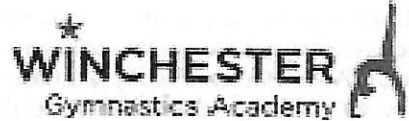


REGISTRATION FORM



STUDENT INFORMATION

STUDENT 1

First Name:	Last Name:
Birthday:	Gender:
Medical Conditions / Allergies:	
Insurance Provider:	Insurance Plan #:

STUDENT 2

First Name:	Last Name:
Birthday:	Gender:
Medical Conditions / Allergies:	
Insurance Provider:	Insurance Plan #:

PARENT / GUARDIAN INFORMATION

PARENT 1

First Name:	Last Name:
Address:	
E-mail	Phone #:

PARENT 2

First Name:	Last Name:
Address:	
E-mail	Phone #:

EMERGENCY CONTACT

Name:	Phone:	Relationship:
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I acknowledge and certify that this information is true and correct and if there are any changes I understand that it is my sole responsibility to notify Winchester Gymnastics Academy, LLC immediately and update the information accordingly.

Parent / Legal Guardian Signature

Date

WINCHESTER GYMNASTICS ACADEMY, LLC
ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

In consideration of being permitted to participate in classes, performances, and other activities (the "Program") at Winchester Gymnastics Academy, LLC, a Massachusetts limited liability company ("Winchester Gymnastics"), located at 70 Cross Street, Winchester, MA 01890 (the "Facility"), I (the below identified individual in the Name / Signature line) acknowledge and agree to, on my own behalf (and/or on behalf of my child or legal guardian), and on behalf of my personal representatives, heirs, assigns, executors, administrators and next of kin, as follows:

1. As legal guardian for the Student(s) listed on this form, I consent to their participation in the Winchester Gymnastics' Program.
2. I realize the potential for injuries, foreseen and unforeseen, including permanent paralysis or death, when participating in any activity involving motion and height; that I have informed my child(ren) of such danger; and that they partake in the Program voluntarily and at their own risk. I understand that it is the intent of Winchester Gymnastics to provide for the safety and protection of all students but that injuries or death may still occur.
3. In the event of illness or injury, I give my express permission to the Winchester Gymnastics staff trained in First Aid, as well as medical professionals, to administer emergency medical treatment to my child if need so arises. I understand that all help rendered will be done so in good faith, and that I will hold Winchester Gymnastics harmless for rendering care. I have provided information regarding any injuries, allergies and my Student's health insurance information on our Registration Form and acknowledge that it is my responsibility to update this information immediately upon any changes.
4. Policies are posted online on the Winchester Gymnastics website and are subject to change, with or without notice (the "Policies"). I understand that Students must comply with all Policies and that it is within the sole discretion of Winchester Gymnastics to determine if there has been an infraction and the associated repercussions, including termination, without any redress. If you would like a printed copy you may request one in writing including the date of the request. Do note that the printed version will only be current as to the date upon which it is printed.
5. Winchester Gymnastics retains the right to terminate the relationship with any Student, at any time, in its sole discretion, without providing a reason for doing so.
6. Participants and/or their parents hereby permit the taking of photos, audio and video (the "Work") while using the facilities or programs at Winchester Gymnastics for publications and use as Winchester Gymnastics see fit. If you do not want your child's picture used in any public forum - please indicate by submitting written notice stating such - include name, class day, class time and signature. Please note that we cannot be responsible for the dissemination of any Work by anyone beside the staff on behalf of Winchester Gymnastics.
7. I acknowledge that there may be Winchester Gymnastics sponsored, associated, and/or affiliated events taking place outside of the Facility. I expressly waive any direct or imputed liability on Winchester Gymnastics from my Student's participation in such events and activities.
8. I hereby release Winchester Gymnastics and its respective directors, officers, shareholders, employees, agents, contractors and their successors and assigns (collectively, the "Releasees") from and against any and all liability for any loss, damage, injury, expense, demand or cause of action that I/my child(ren) may suffer whether with respect to personal injury, death, damage to or destruction of property, theft or otherwise, which may arise as a result of my presence in, upon or about the Facility as a consequence of my use of the facilities and equipment.
9. I will indemnify and hold harmless the Releasees, collectively and individually, from any and all losses, liabilities, damages, demands, costs and expenses that they may incur, for any reason whatsoever, which may arise as a result of my participation in the contemplated Program, and my presence in, upon or about the Facility.
10. This Agreement shall continue in full force and effective from the date of execution until the end of time; unless a subsequent and superseding document or written amendment is executed, with the written agreement of both parties.

By Signing below, I acknowledge that I fully understand the terms of this Waiver of Liability, including Winchester Gymnastics' Policies, and that I have signed it freely and voluntarily without any inducement, assurance, guarantee or oral representation being made.

Signature: _____ **Date:** _____
Name: _____
Student(s) Name(s): _____