



Staff Initials: _____ Class: _____

Athlete Trial Release Form

Athlete Name _____ DOB _____ M / F

Parents Name _____ / _____

Address _____ City _____ Zip _____

Phone # _____ - _____ Email _____

How did you hear about us? _____

PERMISSION FOR MEDICAL TREATMENT AND RELEASE FORM: By participating and/or giving my child permission to participate in any Lake Norman Gymnastics Academy programs and/or classes, I acknowledge the fact that all programs and/or classes offered at Lake Norman Gymnastics Academy involve a certain degree of risk to the participant. In the event of an accident or illness I authorize any Lake Norman Gymnastics Academy employee to take the necessary steps regarding emergency medical treatments, including first aid, calling of ambulance service or transportation to hospital. In my absence I authorize the hospital facility and staff to treat my child for any illness or injury he/she has. I further understand that I am solely responsible for costs incurred for any and all medical treatment. I fully understand the above and intending to be legally bound do hereby, for my child, my heirs, executors and administrators, waive, release, discharge and indemnify any and all rights and claims for damages, which may, or may thereafter accrue against Lake Norman Gymnastics Academy or their respective officers, agents, successors and/or assigns for any injury or illness which may be sustained while participating in classes or special events at any location. I have read the information for enrolling in programs and/or classes at Lake Norman Gymnastics Academy and I understand the fees, rules and regulations listed for my benefit and I agree to all terms and conditions. I acknowledge the fact that participation in any program at Lake Norman Gymnastics Academy involves a certain degree of risk of serious injury, including paralysis or death. I voluntarily and knowingly recognize, accept and assume the risk. I understand that all tuition is due by the 1st of every month and late after the 10th. ***I must give a 2-week written notice of withdrawal and that I will be obligated to pay tuition for the entire month. Any unpaid balance must be paid within 30 days of my last class.*** I also understand that Lake Norman Gymnastics Academy has photographic rights and that throughout enrollment photos and/or films may be taken and used for publicity purposes.

Signature of Parent/Legal Guardian _____ Date _____

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