



REGISTRATION FORM

Instructions

1. Please print, except where a signature is required.
2. Read carefully and fill out all three pages of this document.

Student's Name _____
 (Last Name) (First Name) (Middle Name)

Age _____ Birthdate _____ / _____ / _____ Female / Male (Circle one)

Address _____

City _____ State _____ Zip _____

Home Phone _____

Father's Name _____ Work / Cell Phone _____

DL #: _____ State issued _____

Mother's Name _____ Work / Cell Phone _____

DL# _____ State issued _____

E-mail Address _____

Emergency Contact _____ Phone _____

Relationship of Emergency Contact _____

School _____ Grade _____

Please list any medical problems that we need to be aware of _____

Family Physician _____ Phone (_____) _____

Insurance Company _____ Policy # _____

How did you hear about us? _____

-Office use only-	Session/Month _____	20 _____
Registration Received _____	/ _____ / _____	Amount _____ Cash / Check _____
Class Day: M T W Th F S	Class time(s) _____	
Level _____	Instructor(s) _____	

PHOTO WAIVERS

PHOTO RELEASE WAIVER

I hereby authorize Gymnaworld and Ninja Zone to publish the photographs and videos taken of me and/or the undersigned minor children, and our names, for use in the printed publications, website and training purposes. I release Gymnaworld and Ninja Zone from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the use of their photographs, videos and names. I acknowledge that since participation in publications and websites produced by Gymnaworld and Ninja Zone is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced Gymnaworld and Ninja Zone confers no rights of ownership whatsoever. I release Gymnaworld and Ninja Zone, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Signature

Date

List Minor Children:

1. _____

2. _____

3. _____

4. _____

WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: GYMNAWORLD INC. (DOING BUSINESS AS GYMNAWORLD) AND NINJAZONE IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, BIRTHDAY PARTIES, OR IN ANY OTHER WAY INVOLVED IN GYMNASTICS, CHEERLEADING, OR PRESCHOOL CLASSES OR TEAMS AT GYMNAWORLD INC. (DOING BUSINESS AS GYMNAWORLD) AND NINJAZONE FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF GYMNAWORLD INC. (DOING BUSINESS AS GYMNAWORLD), AND NINJAZONE ITS OWNERS, OFFICERS, AGENTS, OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not-to-sue GYMNAWORLD INC. (DOING BUSINESS AS GYMNAWORLD), Board of Directors and officers, the GYMNAWORLD Booster Club, NINJAZONE, and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of GYMNAWORLD INC. (DOING BUSINESS AS GYMNAWORLD), NINJAZONE, or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in gymnastics, cheerleading, or any other activities or any other activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that gymnastics and cheerleading are vigorous sporting activities involving height and rotation in an unique environment and as such they pose a risk of injury. I understand that gymnastics, cheerleading, and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats, pits, and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see other students in the gym. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless GYMNAWORLD INC. (DOING BUSINESS AS GYMNAWORLD), NINJAZONE, and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in GYMNAWORLD INC. (DOING BUSINESS AS GYMNAWORLD) and NINJAZONE activities or any activities incidental thereto, whenever, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Indiana and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Indiana.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of GYMNAWORLD INC. (DOING BUSINESS AS GYMNAWORLD), NINJAZONE, or any person listed above.

(Signature of Parent)

Date

(Signature of Participant if over 18 years of age)

Date