



Cabarrus County Gymnastics 1029 Central Dr. NW Concord, NC 28027 704-784-3111 [www.ccgymnastics.com](http://www.ccgymnastics.com)

### Cabarrus County Gymnastics Registration Agreement and Waiver

#### Welcome to Cabarrus County Gymnastics.

Please fill out all information below, read and sign the participation waiver on the back. Membership / Registration Fees are due at time of registration and are non-refundable.

#### Participant's Name:

1. \_\_\_\_\_ M / F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Class / day / time: \_\_\_\_\_  
2. \_\_\_\_\_ M / F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Class / day / time: \_\_\_\_\_  
3. \_\_\_\_\_ M / F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Class / day / time: \_\_\_\_\_

Home Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

For each Participant listed, please indicate any medical conditions / allergies or any restriction that may interfere with their activity.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How did you hear about Cabarrus County Gymnastics? \_\_\_\_\_

Were you referred to Cabarrus County Gymnastics by someone? If so, please supply name. \_\_\_\_\_

If a group or individual photo of any listed participant is taken on our premises, can we freely use it for marketing purposes?  yes  no

**PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK**

In consideration of the services of Cabarrus County Gymnastics, Inc., herein after collectively referred to as "CCG", their agents, owners, officers, employees, and all other persons or entities acting in any capacity on their behalf, I hereby agree to release and discharge CCG, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I understand and acknowledge that the activity my child is about to engage in poses known risks and unanticipated risks which could result in injury, paralysis, death, emotional distress, or damage to my child, to property, or to third parties. **The following describes some, but not all, of those risks:** Gymnastics entails certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, gymnastics students would not improve their skills, and the enjoyment of the sport would be diminished. Gymnastics exposes its participants to the usual risk of cuts and bruises. Other more serious risks exist as well. Participants often fall off equipment, sprain or break wrists and ankles, and can suffer more serious injuries as well. Traveling to and from shows, meets and exhibitions raises the possibility of any manner of transportation accidents. In any event, if your child is injured, your child may require medical assistance, at your own expense.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation or my child's participation in this activity is purely voluntary, no one is forcing me or my child to participate, and we elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge and agree to hold harmless and indemnify CCG from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with me or my child's participation in this activity.

4. Should CCG, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.

5. I certify that my child has health, accident and liability insurance to cover any bodily injury or property damage that may be caused or suffered while participating in this event or activity, or else I agree to bear the costs of such injury or damage to my child. I further certify that I am willing to assume the risk of any medical or physical condition my child may have or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

6. In the event that I file a lawsuit against CCG, I agree to do so solely in the state of North Carolina, and I further agree that the substantive law of that state shall apply in the action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CCG on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION**

**(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (print minor's name)("Minor") being permitted by CCG to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless CCG from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Signature of Parent/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_