



ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION AND FINANCIAL RESPONSIBILITY.

As legal guardian of _____, I recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance and cheerleading. I am also aware that some participation may involve transportation to and from events and as a result my child could be injured or killed in a vehicular accident. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in any and all Dynamite GTC LLC., programs, camps, activities and I ACCEPT ALL RISKS associated with that participation.

In consideration of allowing my child to use these facilities, I, on my own behalf and on behalf of my child or our respective heirs, directors, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE DynamiteGTC. LLC, it officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of Dynamite GTC LLC, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

In the event of an accident or emergency I would like my above mentioned child to be taken to a hospital for medical treatment and I hold Dynamite GTC LLC., and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child as a result of any injury, sustained while participating at or for Dynamite GTC, LLC.

Additionally, I, the Parent/Guardian of aforementioned child, am financially responsible for payment of tuition through the end of the session unless a written notice or a physicians' medical release is received by Dynamite Gym prior to leaving the program.

I have read and fully understand this: **ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION, FINANCIAL RESPONSIBILITY** as signed in acknowledgement below.

Parent or Legal Guardian's Signature Date

Print Name

OFFICE USE	Starting Date: _____	SIBLINGS: _____
ANNUAL REGISTRATION FEE	<input type="checkbox"/> Family <input type="checkbox"/> Individual \$ _____	
	Amount Paid \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Charge <input type="checkbox"/> Check # _____
CLASS FEE	<input type="checkbox"/> Single Child <input type="checkbox"/> Additional Child \$ _____	
	Amount Paid \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Charge <input type="checkbox"/> Check # _____
<input type="checkbox"/> ZIPGYM	<input type="checkbox"/> STUDENT FOLDER	<input type="checkbox"/> ATTENDANCE
		INITIALS: _____



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