

**OFFICE USE ONLY**

Paid for: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Performance**  
ATHLETICS

**OFFICE USE ONLY**

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Form  PS  Trial  File  Email

Pavment  Board  Thx  Shirt

## Registration / Liability Release

I fully understand that I/my minor child, \_\_\_\_\_ ("Participant"), will be participating in physical, acrobatic and gymnastic activities that will involve motion, speed, inverted and/or rotational activities, some of which may occur high above the ground. The inherent risk involved in such activities creates a possibility of serious bodily harm or even death. Never land on head, neck, or back as serious, catastrophic injury, even death, could result. Strictly follow all rules and guidelines at all times.

As agreed to on the reverse of this agreement, we willingly and voluntarily accept and assume all such risks, and agree not to hold LGCM, LLC doing business as Performance Athletics ("Performance Athletics"), Leslie Breeze, instructors, agents, and employees of Performance Athletics liable for any physical, emotional, or mental injuries, illnesses, or any other conditions, that occurred before, during, or after participating in any activity involving Performance Athletics.

Participant's Last Name \_\_\_\_\_ Participant's First Name \_\_\_\_\_

Participant's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Male/Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone # (        ) \_\_\_\_\_ Cell Phone # (        ) \_\_\_\_\_

Work Phone # (        ) \_\_\_\_\_ Other Phone # (        ) \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone (        ) \_\_\_\_\_

**Emergency Authorization:**

I authorize Employees of Performance Athletics to make any medical treatment decisions for my child or child herein mentioned on this form, should I not be available or the staff at Performance Athletics is unable to reach me.

Family Doctor \_\_\_\_\_ Phone (        ) \_\_\_\_\_

Insurance Provider \_\_\_\_\_ ID/Group# \_\_\_\_\_

**Publicity Authorization:**

Performance Athletics and its representatives and subsidiary programs, including but not limited to Riptides Cheer, are hereby authorized to create photographic and video images of Participant for use by Performance Athletics in print and electronic publications, and Participant hereby consents to such creation and use by Performance Athletics. If I should object to the use of any images of Participant, I shall inform Performance Athletics in writing of such objection.

**Drop Notification:**

\_\_\_\_\_ I understand that I must notify the office in writing two (2) weeks in advance to discontinue enrollment and tuition charges. If I do not fill out and complete the form in writing, I understand that my child will continue to be enrolled and I will be responsible for the tuition costs.

Participant's Guardian Signature \_\_\_\_\_

Participant's Guardian Print Name \_\_\_\_\_ Today's Date \_\_\_\_\_



**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

In consideration of participation in the activities offered by Performance Athletics, Participant represents that he/she understands the nature of the activities and that Participant is qualified, in good health, and in proper physical condition to participate in such activities. Participant agrees that if Participant believes conditions are unsafe, Participant will immediately discontinue participation in the activities. Participant fully understands that the activities involve risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by Participant's own actions, or inactions, those of others participating in the activities, the conditions in which the activities take place, or the negligence of the Releasees (defined below); and that there may be other risks either not known to me or not readily foreseeable at this time; and Participant fully accepts and assumes all such risks and all responsibility for losses, costs, and damages incurred as a result of Participant's participation in the activities. Participant hereby releases, discharges, and covenants not to sue LGCM, LLC dba Performance Athletics, Leslie Breeze, instructors, administrators, directors, agents, officers, employees, and all other persons assisting in the conduct of any activities, including persons transporting Participant to and from any activity, other participants, any sponsors, advertisers, and owners and lessors and others providing premises or facilities on which any activities take place, (the "Releasees") from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and Participant further agrees that if, despite this release, waiver of liability, and assumption of risk Participant, or anyone on my behalf, makes a claim against any of the Releasees, Participant will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim. Participant has read this **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**, and understands that by signing it I give up substantial rights. I have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

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Printed Name of Participant (REQUIRED)      Signature of Participant (if over 18 years of Age)      Date (REQUIRED)

AND I, Participant's parent and/or legal guardian, understand the nature of the above referenced activities and Participant's experience and capabilities and believe Participant to be qualified to participate in such activities. I, and on behalf of Participant, hereby release, discharge, covenant not to sue and **AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** each of the Releasees, and otherwise consent and agree to the terms and conditions of this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement.

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Printed Name of Parent/Guardian (REQUIRED)      Signature of Parent/Guardian (REQUIRED)      Date (REQUIRED)