

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the Endless Mountains Gymnastics I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Thunder-Flip Enterprises, LLC Endless Mountains Gymnastics, LLC its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) 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 future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I 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.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to 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.

Date: _____
Printed name of participant

Signature of participant

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Date: _____
Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian

Endless Mountains Gymnastics

Towanda Location
(The Edge Fitness and Martial Arts)



24569 Route 6 Towanda, PA
570-746-7778

An introduction to gymnastics. Participants learn basic gymnastics positions and movements, simple conditioning exercises and to view health and fitness as a valuable lifelong pursuit. Emphasis is on fun. Every fourth and eighth week, these classes will meet at EMG's main facility in Wyalusing.

Pre School Gymnastics

(ages 3-5)

Fridays
5:30 - 6:30pm

Level 1 Gymnastics

(ages 5-12)

Fridays
6:30 - 7:30pm

Cost:

\$84 for an 8 week semester
Annual Registration Fee:
\$30 for an individual or \$50 for the family

EMG Registration Form

Child's Name: _____

Birthday: _____

Parent's Name: _____

Address: _____

Phone #: _____ Cell #: _____

Email: _____

Emergency Contact Name: _____

Phone #: _____

Does your child have any conditions that we should know about? (Please explain):

Class (Circle One): Preschool Level 1

Class fee: _____

Registration fee: _____

Total Paid: _____

Check #: _____ Cash

Please sign the waiver form on the back of this page.