

Class Registration Form

Family Form



Last Name _____

Parents

Name _____ Home Phone () Work Phone () Cell Phone ()

Email _____

Name _____ Home Phone () Work Phone () Cell Phone ()

Email _____

Address

Street _____ City _____ State _____ Zip _____

Athletes

Medical Information

(List any physical disabilities, chronic ailments, psychological disabilities and allergies)

Name _____ Birthdate / / _____

Class Day (Circle one) M / T / W / Th / F

Class Time _____

Name _____ Birthdate / / _____

Class Day (Circle one) M / T / W / Th / F

Class Time _____



RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY! THIS DOCUMENT AFFECTS YOUR RIGHTS!



Disclosure by Rhythmic Gymnastics: Participation in gymnastics, ballet and dance, like all physical activity, may result in injuries. Rhythmic Attitudes of Houston Inc. takes the welfare of all its students, teammates and spectators as its first and highest priority. Nonetheless, the risk of injuries is a part of participation in both physical educational and competitive activities. Possible injuries include muscle or other soft tissue strains, sprains and tears, broken bones, as well as severe injuries leading to paralysis or even death. Various factors may contribute to cause these injuries, including the use and weight of the apparatus, contact of the body with others and with hard surfaces, rotation of the body, and movement of the body in unaccustomed ways.

Release and Waiver: I certify that I am the parent or legal guardian of the child identified below, and that I have read the disclosure statement. I am fully aware of the risks involved in the activities offered by Rhythmic Attitudes of Houston Inc. and request that my child be permitted to participate in all such activities. ("Activities") In consideration for allowing my child to participate in Activities offered by Rhythmic Attitudes of Houston Inc., I hereby release, forever discharge and hold harmless Rhythmic Attitudes of Houston Inc., its owners, agents, employees, representatives, participants and clients and those acting on their behalf, their successors and assigns ("Rhythmic Attitudes") from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from participation in activities provided, sponsored or supported by those released.

I understand that this release discharges Rhythmic Attitudes from any liability or claim that the participant may have with respect to any bodily injury, personal injury, illness, death or property damage that may result from activities with Rhythmic Attitudes, whether caused by the negligence of Rhythmic Attitudes or its officers, directors, employees, or agents or otherwise. I also understand that Rhythmic Attitudes does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment. I consent to treatment of any injury or illness that may arise in conjunction with the Activities, and release and discharge Rhythmic Attitudes from any claim arising from delivery of any first aid, treatment, or service rendered in connection with the Activities.

Photographic Release. I hereby grant to Rhythmic Attitudes all right, title and interest in any and all photographic images and video or audio recordings made by Rhythmic Attitudes during the Activities, including but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other. I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and that this release shall be governed by and interpreted in accordance with the laws of the State of Texas. I further agree that in the event that any clause or provision of this release shall be held to be invalid, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release, which shall continue to be enforceable.

As a parent or legal guardian of _____,

birth date _____, I hereby consent to his/her participation in all the

programs offered by Rhythmic Attitudes of Houston Inc.

Signed _____

Date: _____

Printed _____