

# Ms. Carol's Gymkids, LLC

(480) 777-1033

www.MsCarolsGymkids.com

Revised 2018

**GYM LOCATION:**  
116 N. LINDSAY RD. SUITE 9-13  
MESA, AZ 85213

## **GYMKIDS REGISTRATION FORM**

**FALL RENEWAL REGISTRATION**

**August 2018 – August 2019**

(Registration fees go from August to August each year)

### **PHOTO AND/ OR VIDEO RELEASE AGREEMENT:**

I hereby certify that I am the parent and/or guardian and consent that any photograph or video which has been, or are about to be taken, by any person or persons, of the child or children on this release, may be used, reused and/ or publish, and republication of any photograph or media for any purpose whatsoever, including the use of any printed matter, or to be used on the website, Facebook, Twitter, or Instagram in conjunction therewith. I hereby waive any right to inspect or approve the finished photograph, or printed matter, or video that may be used in conjunction therewith or to the eventual use that it might be applied. If I choose to opt out of this agreement, I will inform my request in writing.

### **REGISTRATION AND RELEASE AGREEMENT**

The undersigned Releasor(s) is (are) seeking permission for his/ her/their child(ren) to participate in gymnastics and other athletic or physical activities ("Activities") at the above listed location, with Ms. Carol's Gymkids, LLC. Releasor(s) acknowledge(s) and understand(s) the risk and hazards inherent, or to be anticipated, in participating in such Activities, including serious bodily injury or even death. Releasor(s), being fully aware of these risks and hazard, chooses to request that each child named below be allowed to participate in such Activities.

**Release/ Waiver.** In consideration of each child named below being permitted to participate in the Activities, each Releasor, for himself/ herself, and as guardian, parent, friend, personal representative, and/ or person having custody of the child(ren) named below, hereby covenants and agrees not to sue and releases, waives, and discharges, and releases the facility, Carol Petrini, substitute teachers, assistant teachers, and all of its officers, directors, employees, agents, contractors, and attorneys (The "Releasees"), for all loss or damage, and from every claim, demand, action, or right of action of whatsoever kind or nature, either in law or equity, on account of any injury to the person or property of, or resulting in the death of, any Releasor or any child named herein. The release, discharge, and waiver is on behalf of each undersigned Releasor, and also on behalf of every personal representative, heir, and next of kin, of each Releasor and of every child named herein to this Agreement for himself or herself, and on behalf of each child named below.

**Indemnity.** Releasor(s) agree(s) to indemnify Releasees from any loss, liability, damage, or cost that any such persons or entities may incur due to the participation of any undersigned releasor or of any child named herein in the Activities described, whether caused by NEGLIGENCE OF RELEASEES OR OTHERWISE.

Each Releasor expressly agrees that this release, waiver, & indemnity agreement is intended to be as broad & inclusive as permitted by the laws of the State of Arizona and that if any portion of this agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect.

EACH RELEASOR HAS CAREFULLY READ THIS AGREEMENT, FULLY UNDERSTANDS ITS CONTENTS, AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE PARTIES HERETO, AND EACH RELEASOR HAS SIGNED OF HIS/HER OWN FREE WILL.

**Releasor(s) Name** (please print) \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

\_\_\_\_\_ **Insurance Carrier/ Policy or Group No:** \_\_\_\_\_

### **Child(ren) to whom this agreement applies**

**Name:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Birthday:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Class Type/ Day** \_\_\_\_\_ **Class Time** \_\_\_\_\_ **Class Type/ Day** \_\_\_\_\_ **Class Time** \_\_\_\_\_

**Monthly fee for class(es)** \_\_\_\_\_ **Monthly fee for class(es)** \_\_\_\_\_

**I AGREE TO GIVE 30-DAY WRITTEN NOTICE TO CANCEL THIS REGISTRATION. Payment is due the first of each month. Monthly tuition fees are due, regardless of attendance to classes. Annual registration fees (\$40 single/\$55 family) are billed every academic year, regardless of when registration began. Declined cards will incur a \$25.00 late fee with additional \$1.00 a day until payment is made in full. Delinquent accounts shall be sent to collections. If an action is brought to enforce this agreement, the prevailing party shall be awarded court costs and attorney fees. During the 30-day cancellation, you are still responsible for the remaining tuition within those 30 days regardless if you attend during that period of time or not.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**How did you hear about Ms. Carol's Gymkids, LLC?** \_\_\_\_\_