



Registration Form

732-223-5020

www.epicgymnj.com

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STUDENT INFORMATION:

Last Name: _____ First: _____ M/F _____ DOB _____ Age _____

2nd Child _____ First _____ M/F _____ DOB _____ Age _____

3rd Child _____ First _____ M/F _____ DOB _____ Age _____

Address: _____

(Street)

(City)

(State)

(ZIP)

Phone () _____ Cell Phone () _____

E-mail _____ Work Phone () _____

Mother's Name _____ Father's Name _____

***Are there any MEDICAL CONDITIONS or any other LIMITATIONS to which we should be alerted?

If your child were to appear in individual or group photo/video taken on our premises or a sanctioned event, are we able to use the image(s) for advertising (lobby TV, brochures, website, etc.)? SIGN _____

CLASS INFORMATION:

1st Choice: Class/Day/Time

2nd Choice: Class/Day/Time

1st Child: _____

2nd Child: _____

3rd Child: _____

PAYMENT INFORMATION: You must have a valid credit/debit card on file for auto charge. We see ONLY the LAST FOUR digits on file. If you do not keep a card on file, you must pay prior to the start of the session. See reverse of form for tuition payment information and options.

Payment Options:

Annual Family Registration \$ _____

Cash _____ Check # _____

Tuition 1st child \$ _____

CC (Visa/MC/Amex/Discover) _____

Tuition 2nd child \$ _____

Tuition 3rd child \$ _____

Date Paid _____

Total Payment \$ _____

WAIVER RELEASE—I (we), despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in the programs or activities. I (we) knowingly and willingly assume all such risks. Consequently, I (we) hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owners, operators, coaches, and other members of Epic Gymnastics, LLC, from personal injury or accident of any sort or nature suffered by me (us), the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of Epic Gymnastics. I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition 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 releasee's from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused, in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost, if any, may incur as the result of such claim. I have read, understand and agree to comply with Epic Gymnastics, LLC Rules & Policies attached or contained on the back of this Registration Form. This Waiver covers all participants in the program. Parents/Guardians participating in the Me and You program are also bound by this waiver and must sign prior to participating.

Print Legal Guardian's Name

Legal Guardian's Signature

Date

Additional Me & You participants

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Epic Gymnastics, LLC, ("the gym") has put in place preventative measures to reduce the spread of COVID-19; however, the gym cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the gym could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the gym and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the gym may result from the actions, omissions, or negligence of myself and others, including, but not limited to, gym employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the gym or participation in gym programming ("Claims"). On my behalf, and on behalf of my children, I hereby forever release and waive my right to bring suit against Epic Gymnastics, LLC. I covenant not to sue, discharge, and hold harmless the gym, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the gym, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any gym program.

I understand and agree that the law of the State of New Jersey will apply to this contract.

I am the parent or legal guardian of the minor(s) named below. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of the Release.

Signature of Parent/Guardian _____ Date _____

Print Name of Parent/Guardian _____

Name of Gym Participant(s) _____
