

Waiver and Sign Up Form

Birthday Party, Open Gym, Camp, Day Out or Night Out activities

Zenith Elite Gymnastics Academy LLC, 4260 W. Eldorado pkwy, McKinney, TX 75070, Tel: 214 592 0662

Event : _____

Event Date & Time : ____/____/____ Starting at ____ : ____

Please read very carefully... The participant here below has permission to participate in all the activities at Zenith Elite Gymnastics Academy (ZEGA). I understand that gymnastics facilities contain sport equipment, and no matter how careful the instructors are, the risk of injury cannot be completely eliminated. I hereby forever waive and release ZEGA, their officers, employees and agents from all liabilities, all damages, all injuries suffered by the participant in connection with use of equipments (including inflatables), instructors and facilities. I also acknowledge that the participant is in good health and able to participate.

The participant must be signed out on this form, be picked up inside the building, and promptly after the event. Unless prior arrangement made with the front office, the staff is not responsible for unattended children before or after the event. If the child has yet to be picked up after 30mins of the gym closure and no successful contact was done with parents, the staff will alert the local police department so that an officer may give safe transport. No outdoor shoes, food or drink is permitted in the gym workout area. Cheer shoes are exceptionally authorized.

I understand that non-participants are not to be on equipments at all. If I (parent, legal guardian or adult non-participant) decide to step on the gym floor to take pictures, assist the participant(s), or for any other reasons, I understand that I take full responsibility of any risks and release ZEGA of any liability damages. No outdoor shoes, food or drink is permitted in the gym workout area.

In an emergency, I hereby grant permission to ZEGA employees, to have the authority, at my expense, in the event I cannot readily be reached, to utilize the most convenient volunteer rescue squad vehicle or ambulance to transport the participant to the hospital and if necessary, I authorize medical treatment.

By signing below, I have read and accepted the conditions above...

Participant First and Last Name: _____ D.O.B.: ____/____/____ Member?: Yes / No Time In: _____ Time Out: _____

Parent or Guardian Name: _____ Signature: _____ Driver License #: _____ State: _____

Contact Phone #: _____ Email Address: _____ \$ _____ Cash: ____ Check: ____ CC: ____

Message you want the staff to know?: _____ Other: _____

Participant First and Last Name: _____ D.O.B.: ____/____/____ Member?: Yes / No Time In: _____ Time Out: _____

Parent or Guardian Name: _____ Signature: _____ Driver License #: _____ State: _____

Contact Phone #: _____ Email Address: _____ \$ _____ Cash: ____ Check: ____ CC: ____

Message you want the staff to know?: _____ Other: _____

Participant First and Last Name: _____ D.O.B.: ____/____/____ Member?: Yes / No Time In: _____ Time Out: _____

Parent or Guardian Name: _____ Signature: _____ Driver License #: _____ State: _____

Contact Phone #: _____ Email Address: _____ \$ _____ Cash: ____ Check: ____ CC: ____

Message you want the staff to know?: _____ Other: _____

Participant First and Last Name: _____ D.O.B.: ____/____/____ Member?: Yes / No Time In: _____ Time Out: _____

Parent or Guardian Name: _____ Signature: _____ Driver License #: _____ State: _____

Contact Phone #: _____ Email Address: _____ \$ _____ Cash: ____ Check: ____ CC: ____

Message you want the staff to know?: _____ Other: _____