## **Bulanin Rhythmic Gymnastics**

Registration Form (\$30 reg fee)

## **Gymnast** Information

First Name	BULANIN
Last Name	RHYTHMIC GYMNASTICS
Cell Phone:Cell Carrier Verizon/ATT/Tmobile/	
Address:	
	10
Email * (must have on file)	
Gymnast Birth Date (M/D/YYYY): Practice Days/Time	
Allergies/Medical conditions/Notes	
Parent Information/Emergency contact	
Name	
Primary Phone	
DUL/ M MI Y	
0	d have, in many locations, prohibited the irus and other viruses and bacteria: however, the r, attending the Club could increase your risk and agious nature of COVID-19, flu and other viruses and or bacteria by attending the Club, and that such g exposed to or infected by COVID-19 or any other d to, Club employees, volunteers, and program y to my child(ren) or myself (including, but not n) may experience or incur in connection with my la hereby release, covenant not to sue, discharge, and s, damages, loss or expenses of any kind arising out e of the Club, its employees, agents, and
Print Name of Parent/Guardian	

Name of Participant (child)

## Bulanin Rhythmic Gymnastics Waiver and Release of Liability

Bulanin Rhythmic Gymnastics <u>is not responsible</u> for any injury (or loss of property) to any person while practicing, training, taking class, competing, special events, demonstrations, exhibitions, or shows, or in any other way involved in gymnastics for any reason whatsoever, including ordinary negligence on the part of Bulanin Rhythmic Gymnastics its owners, officers, agents, or employees. In consideration of my participation, I hereby release and covenant not-to-sue Bulanin Rhythmic Gymnastics, and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Bulanin Rhythmic Gymnastics or



others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging or receiving instruction in gymnastics, or any other activities whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, my estate, heirs, or assigns.

Further, I am aware that gymnastics are vigorous sporting activity involving height and rotation in a unique environment, and as such pose the risk of injury. I understand that gymnastics, and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats, and other safety equipment and apparatus provided for my protections, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics, and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching, and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see other students in the gym. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless Bulanin Rhythmic Gymnastics, and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in gymnastics, activities or any activities incidental thereto, whenever, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of CA and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of CA.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of Bulanin Rhythmic Gymnastics or any person listed above.

Parent/Guardian Signature		Date	
Gymnast Name		Phone#	
Address	City	State	Zip
Email			