



Cabarrus County Gymnastics 1029 Central Dr. NW Concord, NC 28027 704-784-3111 [www.ccgymnastics.com](http://www.ccgymnastics.com)

### Cabarrus County Gymnastics Registration Agreement and Waiver

#### Welcome to Cabarrus County Gymnastics.

Please fill out all information below, read and sign the participation waiver on the back. Membership / Registration Fees are due at the time of registration and are non-refundable.

#### Participant's Name:

1. \_\_\_\_\_ M / F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Class / day / time: \_\_\_\_\_  
 2. \_\_\_\_\_ M / F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Class / day / time: \_\_\_\_\_  
 3. \_\_\_\_\_ M / F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Class / day / time: \_\_\_\_\_

Home Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

For each Participant listed, please indicate any medical conditions / allergies or restriction that may interfere with their activity.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How did you hear about Cabarrus County Gymnastics? \_\_\_\_\_

Were you referred to Cabarrus County Gymnastics by someone? If so, please supply their name. \_\_\_\_\_

If a group or individual photo of any listed participant is taken on our premises, can we freely use it for marketing purposes? \_\_\_yes \_\_\_ no

### PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

Cabarrus County Gymnastics, Inc., a North Carolina Corporation, (hereinafter "CCG") is engaged in the instruction and training of students in the general field of gymnastics and gymnastic competition, and maintains a facility including a gym and various equipment for such purpose. The undersigned has expressed a desire to engage the services of CCG for such training., and CCG has agreed to provide the same. In consideration of CCG's services to the undersigned, the undersigned, together with the undersigned's heirs, assigns and personal representatives, does hereby agree to release and discharge CCG, its agents, owners, officers, employees, and all other persons or entities acting in any capacity on its behalf, as follows:

\_\_\_\_ The undersigned is over 18 years of age, is competent and is not suffering from any mental or physical disability.

\_\_\_\_ The undersigned is/are the parent(s) / legal guardian(s) of a minor child, namely: \_\_\_\_\_, date of birth \_\_\_\_\_.

In consideration of the services of Cabarrus County Gymnastics, Inc., its agents, owners, officers, employees, and all other persons, firms or corporations acting in any capacity on its behalf, I hereby agree to release and discharge Cabarrus County Gymnastics, Inc. on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I understand and acknowledge that the activity my child is about to engage in poses known risks and unanticipated risks which could result in injury, paralysis, death, emotional distress, or damage to my child, to property, or to third parties. **THE FOLLOWING describes some, but not all, of those risks:** Gymnastics entails certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. Without a certain degree of risk, gymnastics students would not improve their skills, and the enjoyment of the sport would be diminished. Gymnastics exposes its participants to the usual risk of cuts and bruises. Other more serious risks exist as well. Participants often fall off equipment, sprain or break wrists and ankles, and can suffer more serious injuries as well. Traveling to and from shows, meets and exhibitions raises the possibility of any manner of transportation accidents. In any event, if you or your child is injured, you or your child may require medical assistance at your own expense.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation or my child's participation in this activity is purely voluntary. No one is forcing me or my child to participate, and I/we elect to participate in spite of the risks as set forth above.

3. I hereby voluntarily release and forever discharge and agree to indemnify and hold CCG completely harmless as to any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my child's participation in this activity.

4. Should CCG, or any person, firm or corporation acting on its behalf, be required to incur attorneys fees, court, or any other related costs or expenses reasonably related to the enforcement of this agreement, I agree to indemnify and reimburse it in full for all such fees, costs and expenses.

5. I certify that my child has health, accident and liability insurance to cover any bodily injury or property damage that may be incurred, caused or suffered in whole or in part while participating in this activity or any event related thereto. In the absence of such insurance coverage, I agree to bear all costs for medical care, treatment, medications, physical therapy and any and all other services necessary for the treatment of such bodily injury or repair of such property damage, whether such injury or damage is suffered or caused, directly or indirectly by me or by my child. I further certify that I am willing to assume the risks associated with any medical or physical condition that I or my child may have including any aggravation or complication of or to such condition as may be caused by my child's participation in this activity, and I agree to bear all costs associated with such medical care and treatment as may result therefrom.

6. I agree that North Carolina law shall at all times apply to the interpretation, validity and enforcement hereof, and that any and all actions as may be brought with regard to the same shall be brought before a Court of competent jurisdiction in Cabarrus County, North Carolina. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**I UNDERSTAND AND ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO MAINTAIN A LAWSUIT AGAINST CABARRUS COUNTY GYMNASTICS, INC. IN THE EVENT I SUFFER PERSONAL INJURY OR MY PROPERTY IS DAMAGED DURING MY PARTICIPATION IN THIS ACTIVITY.**

**I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT. I HAVE READ IT, I UNDERSTAND THE TERMS SET FORTH HEREIN, AND I AGREE TO BE BOUND BY IT.**

Signature of Participant: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_