



"Our vision is to create a positive, healthy, life enhancing, sporting experience."

HOLIDAY PROGRAM MEMBERSHIP FORM

Name: _____ DOB: _____

E-mail: _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Mobile: _____

MEDICAL INFORMATION:

Regular medications / Allergies / Injuries, other relevant information:

WAIVER

In consideration for being permitted to participate in any gym sport activities, I the undersigned, understand, acknowledge and accept that:

- Gymsports (which includes trampoline) are a dangerous recreational activity and there is risk of **serious injury** or **death** that may result from gym sport activities.
- I knowingly and freely assume all such risks, both known and unknown, and I voluntarily **participate** at my **own risk** and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in gym sport activities.
- I agree to follow the directions of any club staff, coaches, officials or volunteers and that any misconduct or refusal by me to follow any direction of any club staff, coaches, officials or volunteers can result in the **cancellation** of my participation in the activities and my immediate removal **no matter** where that may occur. I understand that any such non-compliance may result in injury or death and/or permanent disability as a result of my failure to comply.
- I have had sufficient opportunity to read this assumption of risk agreement, fully understand its terms and sign it freely and voluntarily

PHOTO PERMISSION

I the undersigned, understand and allow Peak to take digital photo's and/or video of the participant for the purpose of skills review/analysis or for the promotional use of the club.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18)

This is to verify that I, as a parent / guardian with legal responsibility for this participant, acknowledge, understand and accept **ALL OF THE ABOVE** and consent and agree to my minor child's involvement or participation in such gym sport activities.

I agree to the above conditions as parent or as athlete

Full Name: _____

Signature: _____

Date: ___ / ___ / _____