



KIDS NIGHT OUT

at PLANET GYMANSTICS

This event takes place Saturday _____ from 6:15pm-8:45pm. Drop off your child for 2.5 hours of supervised fun including pizza, games and lots of time spent in the gym. Participants must be at least 5 years old and both members and non-members are invited. To register please fill out this form and return to the office with payment in full.

\$30.00 for members and \$35.00 for non-members (\$5.00 sibling discount)

Child's Name: _____ Birth Date: _____ Age: _____

Address: _____ City: _____ Zip: _____

Telephone #: () _____ Email: _____

Parent 1 Name: _____ Cell: _____

Parent 2 name: _____ Cell: _____

Emergency #: () _____ Name of Emergency Contact: _____

Are there any medical conditions or food allergies to which we should be alerted?

Payment in full: _____ Date paid: _____ Method: _____

I recognize that gymnastics is a sport that involves height and rotation of the body; therefore there are inherent risks involved. I, despite all reasonable precautions implemented for safety am fully aware of and appreciate the risks including the risk of catastrophic injury, permanent disability, paralysis, and even death as well as other damages and losses associated with participation in the program. The risks assumed may be caused by me and/or my child's own actions, inactions, or those of others participating in the event, the conditions in which the event takes place, or the negligence of the "RELEASEES" named below. I knowingly and willingly assume all 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 owner, operators, coaches and other members of Planet Gymnastics 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 Planet Gymnastics. I hereby release, discharge, and covenant not to sue Planet Gymnastics, its representative administrators, directors, agents, officers, volunteers, employees, other participants, and if applicable, owners and lessors of premises on which the activity takes place (each considered one of the "RELEASEES" herein). I testify the child (or we) is qualified, in good health, and in proper physical condition to participate. And, as an adult participant, I acknowledge that by participating in gym activities and/or moving around in the gym, with its equipment and possible uneven surfaces, there is risk of injury. I acknowledge that I accept the risk, release Planet Gymnastics and its agents or employees from liability for such injury and waive the option to sue. I release Planet Gymnastics Corporation, staff, facility owner, or related parties from the responsibility or liability for insurance deductibles, medical expenses, and or damages incurred by my child, myself, or other family members while participating or using the facility and parking area. I understand that health insurance is a requirement. I certify that I have health, accident, and liability insurance to cover bodily injury or property damage I may cause or suffer while participating in the sport of gymnastics or any other related activity in or related to Planet Gymnastics or else I agree to indemnify and reimburse Planet Gymnastics for such fees and costs as incurred. I authorize Planet Gymnastics to seek medical treatment at the nearest medical facility in case of emergency. I authorize use of my own and my child's visual image in photos and video for use of newsletters, posters and advertising.

I have read and understand all the above and agree by the policies listed.

Signature of parent or legal guardian _____ Date _____