

2020

ENROLLMENT AGREEMENT (WBG)

In consideration of participating in various activities at WEST BROWARD GYMNASTICS I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the releasees named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue WEST BROWARD GYMNASTICS, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the RELEASEES herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. PARENTAL CONSENT AND I, the minors parent and/or legal guardian, understand the nature of the above referenced activities and the Minors experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minors account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minors behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

P R I N T

RECREATIONAL / TRIAL / OTHER

ATHLETE NAME: _____
First M. Last

DATE OF BIRTH: _____ AGE: _____
Month Day Year

PARENTS NAME: _____
PARENT #1 PARENT #2

HOME ADDRESS: _____
City: _____ State _____ Zip Code: _____

HOME PHONE: (____) _____ PARENT #1 CELL: (____) _____

PARENT #2 CELL: (____) _____ OTHER: (____) _____

E-MAIL: _____

SPECIAL NEEDS / HEALTH CONDITIONS: _____

I give permission to put pictures of my daughter/son on the WBG SOCIAL MEDIA SITES _____ YES _____ NO

PRIMARY MEDICAL INSURANCE CARRIER: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____, 2020

WEST BROWARD GYMNASTICS ACADEMY
409 SW 136TH AVENUE, DAVIE, FL 33325