**Shine Power Studio & Gym, LLC: Liability/Registration Waiver**

\*One time students participating in open gyms or birthday parties- please list that under class time/day.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family Last Name:** | **Street:** | **City:** | **State:** | **Zip:** |
| **Child #1:** | **Age:** | **Birthdate/Grade:** | **Allergies/Medical:** | **Name of Birthday Party** |
| **Child #2:** | **Age:** | **Birthdate/Grade:** | **Allergies/Medical:** | **Name of Birthday Party** |
| **Child #3:** | **Age:** | **Birthdate/Grade:** | **Allergies/Medical:** | **Name of Birthday Party** |
| **Parent/Guardian 1:** | **Home Phone:** | **Work Phone:** | **Email:** | **Physician:** |
| **Parent/Guardian 2:** | **Home Phone:** | **Work Phone:** | **Health Insurance:** |  |
|  |  |  |  |  |

\*Highlighted Areas are required for complete registration!

By signing below, I acknowledge reading, understanding and accepting the statements herein. AGREEMENT TO PARTICIPATE AND LIABILITY WAIVER- I understand dance, cheerleading, tumbling, gymnastics and other sports involve risk and possible injury. I understand that it is my responsibility, as an adult, parent or guardian, not to allow participation if there are any physical, emotional, behavioral or other problems that might compromise safe involvement. I understand that injuries can occur and that health insurance is a requirement. I understand that Shine Power Studio and Gym, LLC does not carry medical insurance for participants and forever release the corporation, staff, owners, facility, equipment owners, and other related parties from the responsibility or liability for insurance deductibles, medical expenses, and/or other damages incurred by my child, myself or other family members while participating or visiting the facilities, parking area or traveling to a related activity. AUTHORIZATION OF MEDICAL CARE- In case of injury or illness during participation, I authorize and desire medical care for myself or my child at the discretion of the attending physician. I accept responsibility for all associated expenses. PHOTOGRAPHS AND STATEMENTS- I authorize use of my own and my child’s visual image and statements in newsletters, posters, the “Shine Power Studio and Gym, LLC” Facebook page and other advertising. VALID DATES- These agreements, waivers and authorizations will remain valid and in force as long as and whenever my child, myself, or any family member participates in any activity at or with Shine Power Studio and Gym, LLC. AGREEMENT TO PAY- I understand that there are no refunds, credits or guaranteed make-ups for dropping classes, missed classes due to personal reasons or inclement weather and I am obligated to pay full tuition payments by required due dates. I understand that every month that I pay late I will be charged an interest payment and that 2 months without payment will increase my late fee to $25 + possible class removal. I understand that if a check is returned that I will be expected to pay in cash from then forward and be expected to pay an additional $25. I accept the responsibility of paying for any damage to the facility and equipment caused by a family member or myself. FAMILY ACCOUNTS: We will accept checks from multiple parties, if student names are specifically listed in the notation section; however, there must be ONE responsible party to guarantee prompt payment. In the case of split households, the studio will not get involved in arrangements between families. Also, keep in mind that tickets on ticket days will be held at 5 per show, per student account.

Parent/ Legal Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forms can be mailed to 407 Lake Street. Boscobel, WI. **Or** dropped off to the studio during open hours: 404 Johnson St. Boscobel, WI.53805

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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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