Bulanin Rhythmic Gymnastics

Registration Form (\$30 yearly reg fee)

Gymnast Information

First Name		RHYTHMIC GYMNASTICS
Last Name		
Cell Phone:	How did you hear about us?_	
Address:		20
Email * (must have on file)		
Gymnast Birth Date (M/D/YYYY):	Practice Days/Time	
Allergies/Medical conditions/Notes		-
Parent Information/Emergency contact		
Name		
Primary Phone		
Relationship		
COVID-19, has been declared a worldwide pandemic by the World Health Organization. Covid-19 is extremely federal and state health agencies recommend social distancing and have, in many locations, prohibited the co and other viruses and bacteria: however, the Club cannot guarantee that you or your child(ren) will not become risk of contracting COVID-19, or any other virus or bacteria. By signing this agreement I acknowledge the concepts of the contracting COVID-19 and any other virus or bacteria by attending the Club, and that such expect exposed to or infected by COVID-19 or any other virus or bacteria at the Club may result from the actions, on their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injliability, or expense of any kind that 1 or my child(ren) may experience or incur in connection with my child(rerelease, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representative thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negl occurs before, during, or after participation in any Club program. To the best of my knowledge my family is not infected with Coronavirus, nor been in contact with infected ind Gymnasts' pictures and videos may be taken during classes, competitions to promote gymnas You agree not to post, any offensive comments about club associates or participants.	ingregation of groups of people. Bulanin RG has put in place preventative ne infected with COVID-19, or any other virus or bacteria. Further, attendin ntagious nature of COVID-19, flu and other viruses and bacteria and volunt source or infection may result in personal injury, illness, permanent disability nissions, or negligence of myself and others, including, but not limited to, Qury to my child(ren) or myself (including, but not limited to, personal injury))'s attendance at the Club or participation in Club programming ("Claims" es, of and from the claims, including all liabilities, claims, actions, damages ligence of the Club, its employees, agents, and representatives, whether a dividuals.	neasures to reduce the spread of COVID19, the flu virus g the Club could increase your risk and your child(ren)'s arily assume the risk that my child(ren) and I may be to and death. I understand that the risk of becoming (thub employees, volunteers, and program participants and to, disability, and death), illness, damage, loss, claim, I. On, my behalf, and on behalf of my children, I hereby to so or expenses of any kind arising out of or relating
Signature of Parent/Guardian		
Print Name of Parent/Guardian		
Name of Participant (child)		

Bulanin Rhythmic Gymnastics Waiver and Release of Liability

Bulanin Rhythmic Gymnastics <u>is not responsible</u> for any injury (or loss of property) to any person while practicing, training, taking class, competing, special events, demonstrations, exhibitions, or shows, or in any other way involved in gymnastics for any reason whatsoever, including ordinary negligence on the part of Bulanin Rhythmic Gymnastics its owners, officers, agents, or employees. In consideration of my participation, I hereby release and covenant not-to-sue Bulanin Rhythmic Gymnastics, and any of their employees, teachers, coaches, or agents, from any and all present and future claims resulting from ordinary negligence on the part of Bulanin Rhythmic Gymnastics or



others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging or receiving instruction in gymnastics, or any other activities whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, my estate, heirs, or assigns.

Further, I am aware that gymnastics are vigorous sporting activity involving height and rotation in a unique environment, and as such pose the risk of injury. I understand that gymnastics, and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats, and other safety equipment and apparatus provided for my protections, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in gymnastics, and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching, and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see other students in the gym. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless Bulanin Rhythmic Gymnastics, and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in gymnastics, activities or any activities incidental thereto, whenever, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of CA and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of CA.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of Bulanin Rhythmic Gymnastics or any person listed above.

Parent/Guardian Signature		Date	
Gymnast Name		Phone#	
Address	City	StateZip	
Email			