

Hand 2 Hand Acrobatic Training Center

Assumption of Risk, Wavier of Liability and Medical Authorization

Name of Student Participant(s) (if under 18 years of age): _____

Name of Guardian of Student(s) Above or Adult Participant: _____

Wavier and Release: I (we) despite all reasonable precautions implemented for safety, am (are) fully aware of and appreciate that severe injuries, including permanent paralysis or even death, as well as other damages and losses associated with participation in the programs or activities at Hand 2 Hand Acrobatic Training Center (ADAD Trifiro Limited LLC) can occur in sports or activities involving height or motion, those activities including, but not limited to, gymnastics, tumbling, trampoline, dance, cheerleading. I (we) knowingly and willingly assume all such risks. Being fully aware of these dangers, I hereby give consent for my child(ren):

Participant(s) Name

to participate in any and all Hand 2 Hand Acrobatic Training Center (ADAD Trifiro Limited LLC,) programs. In consideration for my child(ren's) participation, I (we) hereby for myself and my child(ren) and our respective heirs, executors and administrators, **COVENANT NOT TO SUE** and **FOREVER RELEASE** Hand 2 Hand Acrobatic Training Center (ADAD Trifiro Limited LLC and GJWC Limited LLC (Owner of the Building)), the owners, operators, directors, officers, employees and other members of Hand 2 Hand Acrobatic Training Center (ADAD Trifiro Limited LLC), 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 Hand 2 Hand Acrobatic Training Center (ADAD Trifiro Limited LLC) including those resulting from acts of negligence. I also assume all medical expenses for the aforementioned child or myself, who may be the result of any injuries sustained while training at, or performing for Hand 2 Hand Acrobatic Training Center (ADAD Trifiro Limited LLC). Further, it is affirmed that sufficient insurance covering all such injuries and damages shall be in full force and effect throughout the program or it's equivalent throughout the child's/parent's gymnastics career by my insurance.

In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Hand 2 Hand Acrobatic Training Center (ADAD Trifiro Limited LLC) and it's representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by me or my child(ren) as a result of any injury sustained while participating at or for Hand 2 Hand Acrobatic Training Center ADAD Trifiro Limited LLC).

I have read and understand this **ASSUMPTION OF RISK** and **WAVIER OF LIABILITY** and **MEDICAL AUTHORIZATION** and I **VOLUNTARILY** affix my name in agreement.

I, the minor's parent or legal guardian, understand the nature of the activities my child will be involved in at Hand 2 Hand Acrobatic Training Center (ADAD Trifiro Limited LLC), and the minor's experience and capabilities, and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activities. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the releasee's from all liability claims, demands, losses, or damages on the minor's account caused or alleged to be caused, in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or any cost that may occur as the result of any such claim.

Parent/Legal Guardian's Signature

Please PRINT Legal Signature

Date

Please fill out all required information on the back.

Family Information

Mother's Name: _____ Cell Phone: (____)-____-____

E-mail: _____

Father's Name: _____ Cell Phone: (____)-____-____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____)-____-____

Student Information

First Name: _____

Age: _____

Birthday: _____

Emergency Information

Fill out the information below so we may act quickly in the event of an accident.
Who to call if parents cannot be contacted:

Name/Relation: _____ Phone:(____)-____-____

Name/Relation: _____ Phone:(____)-____-____

Doctor's Name: _____ Phone:(____)-____-____

Medical Insurance CO.: _____ Policy# _____

Any intolerance to drugs or medication?

Any previous illness or injury the staff should be aware of?

Is so, are there any restrictions?

Hand 2 Hand Policies

Joining, Dropping or Changing Classes Mid-Month

Joining a Class Mid-Month: No problem, as long as there is room in the class, tuition will be prorated.

Dropping/Missed Classes: There are no prorated refunds or credits for missed classes or for dropping classes. If you wish to drop the class for the next month, simply tell the office staff prior to the end of the current month. Once the month begins you are in the class for the entire month. This is regardless of your attendance. There is a medical exception (See below).

Medical reasons for dropping a class: Medical situations supported by a written and signed acknowledgement from a licensed medical practitioner will allow us to extend a credit on your account, prorated from the date we receive the medical acknowledgment.

Changing class mid-month: No problem as long as there is room in the class.

Payment Information

Full payment is required for registration. We accept all forms of payment at the counter. We accept checks by mail as well.

Payments: All payments will be withdrawn automatically from your credit/debit card or checking account on file on the first of each month. If you choose not to give us this information, payment is due prior to the first of the month. Payments received after the first of the month are subject to a \$10 late fee.

Annual Registration Fees: This is a \$25 fee that is due upon initial registration and on your yearly anniversary date. The fee helps cover the administrative costs incurred in running the programs we offer. A second child will be charged \$15, all other children in the immediate family are free.

Family Discounts: 10% Family and multiple class discounts are automatically applied to your bill. At Hand 2 Hand, only the most expensive tuition per family is charged at a full price. All lesser tuition classes for your immediate family are discounted 10%.

Make-up and Missed Class Policy

You must register in advance and the make-up must be scheduled within the current session (i.e. Summer or School Year session).

Recreation Classes: The tuition that you pay covers your child's spot in your child's class. As a courtesy, Hand 2 Hand offers unlimited make-ups as long as the make-up does not disrupt the quality of class for other students. We adhere to a student coach ratio of 8:1. You may also use our Open Gym as a make-up for a missed class.

Private Lessons: The tuition that you pay covers your child's spot in your child's private lesson. Private lessons do NOT receive make-up private lessons, but if a class is missed the student may come to an Open Gym free of charge.

Weather and Emergency Closing policy

If there is anything going on that would cause you to question whether we are open or not please call the gym for a live or recorded message. We close for snow when Warren County reaches a Level 2 Snow Emergency. Please note we are not tied to any local school closings or policies.