



Metro Gymnastics of Osceola Inc.

www.metrogymnasticsofosceola.com

107 East 17th Street
St. Cloud, Florida 34769
Ph: (407) 892-9446

STUDENT INFORMATION (Non-member)

STUDENT'S NAME _____ AGE _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

PARENTS NAME _____ CELL PHONE _____

REFERRED BY _____ EMERGENCY CONTACT _____ PH# _____

I understand that participation in gymnastics activities involves motion, rotation, and height in a unique environment and as such carries with it the risk of injury. I understand any medical expenses related from participation in this facility will be my sole responsibility. I have read all policies above and I agree to adhere to these policies.

PARENT SIGNATURE

DATE

METRO GYMNASTICS OF OSCEOLA, INC. ACKNOWLEDGMENT AND RELEASE

I have enrolled my son/daughter, _____ in a gymnastic evaluation assessment at Metro Gymnastics of Osceola, Inc. As the parent of the above-named child; I agree to assume the risks incidental to such participation and recognize the potentially severe injuries which may occur in gymnastics and the teaching of gymnastics; (which risks and injuries may include, among other things, muscle injuries, broken bones, damages and losses of every nature). In consideration of my son/daughter being accepted into the program of Metro Gymnastics; I do hereby unconditionally waive and release Metro Gymnastics of Osceola, Inc., Diamond G. Investments (including all officers, representatives, agents, and employees), thereof, from any and all claims, damages, liability, actions or demands for injury or loss of any nature whatsoever which may occur in connection with the use of said facilities and equipment. This release is binding on personal representatives, assigns heirs, next of kin and me. I have read the above release, understand all of its terms, and agree to adhere to these policies as well as the waiver and release attached hereto.

Parent Signature _____ Date _____

(Must be legally responsible for child/legal guardian)