



Elliott's Gymnastics Classes LLC
Participation Form 2024/2025

Today's Date: _____

Participant:	Date of Birth:
Parent:	Cell:
Parent:	Cell:
Address (Street):	Address (City):
Email Address:	Address (State):
Caregiver Name:	Cell:

How did you hear about us?

Health Warranty: I warrant and represent that I have no disability, impairment or ailment that prevents me from engaging in active or passive exercise. This representation is made by me knowing that Elliott's Gymnastics Classes, LLC will rely upon it in allowing me to participate in class. **Waiver of Claims:** I expressly agree that my use of and/or attendance at the Studio are undertaken at my sole risk and that the Company's owners, managers, employees, and agents (Management) shall not be liable for any damages or injuries to me or my property or be subject to any claim, demand, or cause of action, including for any injury or damage resulting from the negligence of Elliott's Gymnastics Classes, LLC, its management or other staff. Release of Elliott's Gymnastics Classes, LLC, on behalf of myself, my executors, administrators, heirs, assigns and successors, do hereby fully and forever release and discharge Elliott's Gymnastics Classes, LLC and its Management from all such claims, demands, injuries, actions or cause of action. **Consent:** I consent to pictures being taken of my child Elliott's Gymnastics Classes, LLC and understand that such pictures will become the property of Elliott's Gymnastics Classes, LLC. They may be used by Elliott's Gymnastics Classes, LLC for promotional purposes without the payment of fees or other compensation to me. **Consent for Minors:** Where the participant listed above is a Minor (under 18 years old), I, as the minor's parent or legal guardian, expressly make the Health Warranty and agree to the Waiver of Claims, Release of Elliott's Gymnastics Classes, LLC and consent provisions contained above. I authorize Elliott's Gymnastics Classes, LLC and its Management to obtain medical treatment for my dependent minor.

Signature of Parent/Guardian _____

Credit is not given for missed classes. **Inclement Weather Policy:** Parents should call the facility one hour before the scheduled class time to inquire if a class is cancelled. Make-ups are offered for classes that are canceled due to inclement weather. **Make-up Policy:** Our make-up policy although flexible, requires that you schedule your make-up classes in advance and consider any make-ups scheduled as attended. Any reservations or homeroom classes that are not cancelled are considered attended. Make ups must be completed before the end of the semester.

Payment Information (If Applicable) MasterCard, Discover, or Visa:

Credit Card: _____ Expiration ____/____ Security Code _____

I authorize Elliott's Classes to use above payment method for any charges of which I have hereto fore agreed to.

Signature _____