

## Iowa Gym-Nest Participant Registration Form

### Iowa Gym-Nest Participant Registration Form

Before participation in any activity, this form must be signed by at least one of the participant's parents or legal guardians if the participant is not 18 years old. Participant's signature required if 18 years of age or older.

	Participant 1	Participant 2	Participant 3
<b>Name(s)</b>			
<b>Gender (circle)</b>	M / F	M / F	M / F
<b>Age</b>			
<b>Date of Birth</b>			
<b>Has the participant had a physical in the last 3 years?*</b>	Yes / No	Yes / No	Yes / No
<b>Physician Name and Phone</b>			
<b>Dentist Name and Phone</b>			

\* Iowa Gym-Nest recommends that every student complete an annual physical examination.

<b>Parents Names</b>	
<b>Legal Guardian(s) Name (if applicable)</b>	
<b>Primary Mailing Address:</b>	Street  City, State, Zip
<b>Home Phone</b>	
<b>Cell Numbers</b> <small>(Please note if it is okay to receive text message alerts)</small>	
<b>Primary Email Address</b> (this will be used for your account)	
<b>Other Email Address</b>	

How did you hear about Iowa Gym-Nest?		
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> News Paper	<input type="checkbox"/> Friend _____
<input type="checkbox"/> Website	<input type="checkbox"/> Television Ad	<input type="checkbox"/> Other _____
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Sign on Building	

Eligibility to participate in class at Iowa Gym-Nest requires a completed participant registration form with release of liability and full tuition payment on or before the first day of class.

**I (we) certify that the information provided above is correct.**

Participant (if over 18) \_\_\_\_\_  
*Signature of Participant* *Date*

If participant is not yet 18 years old, at least one parent or legal guardian of such person must sign:

\_\_\_\_\_  
*Printed Name of Parent/Guardian* *Signature of Parent/Guardian* *Date*

Alternate Payor Information (please complete only if someone other than the parent/guardian listed above will be paying the participant's tuition)		
Name:	Phone:	E-mail:
Address:	City, St, Zip	

**Continued on the Back**

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### Iowa Gym-Nest Liability Release and Indemnification

Prior to participation, this form must be signed by at least one of the participant's parents or legal guardians if the participant is not yet 18 years old. Participant's signatures are required if 18 years of age or older.

Name of Participant 1: \_\_\_\_\_ (the "participant") DOB \_\_\_\_\_

Name of Participant 2: \_\_\_\_\_ (the "participant") DOB \_\_\_\_\_

Name of Participant 3: \_\_\_\_\_ (the "participant") DOB \_\_\_\_\_

Gymnast's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Special Medical Concerns: YES or NO: \_\_\_\_\_

If yes, please give a brief explanation

In consideration of IGN, inc. dba Iowa Gym-Nest allowing the gymnast to participate in sports activity, class, competition, team, including non-gymnastics activities such as dance, cheerleading, cross-fit gymnastics, tae kwon-do, Ninja Zone, and playground activities (hereinafter referred to as the "Activity"), I, and if I am not yet 18 years old my parents or legal guardians, agree to be bound as follows (the term "I" in this release refers to both the gymnast and his or her parents or legal guardians):

Initial:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- (1) **Acknowledgment and Assumption of Risks.** I understand that the Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by the participant's actions or inactions, those of others participating in the Activity, the conditions in which wither not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, cost, and damages that may result from the activity. I hereby give my approval of and consent to the participant's participation in the Activity. I assume all risks and hazards incidental to the Activity and to transportation to and from the activity.
  - (2) **Representation of Ability to Participate.** I understand the nature of the Activity, and I represent that the participant is qualified, in good health, and in proper physical condition to participate in the activity. Should I even believe that any of the above representations have become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for the gymnast, then it will be my responsibility immediately to discontinue the gymnast's participation in the Activity.
  - (3) **Release.** I hereby release, acquit, covenant not to sue, and forever discharge IGN, inc. dba Iowa Gym-Nest, its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or lessors of any facilities within which the Activity is conducted, their respective agents and employees, and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of participants to and from the Activity (collectively the "Released Parties") of and from any and all actions, causes of action, claims, demands, liability, losses or damages of whatever name or nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out of or are connected in any way to the participant's participation in the Activity and the transportation of the above named participant to and from the Activity (collectively the "Released Claims").
  - (4) **Indemnification.** I will defend, indemnify and hold harmless the Released Parties from (that is, to reimburse and be responsible for) any loss or damage, including but not limited to costs and reasonable attorney's fees (including the cost of any claim I might make or that might be made on my behalf or the participant's behalf that is released I this document), arising out of or connected in any way with any of the Released Claims.
  - (5) **Over 18 Waiver.** I understand that persons 18 years of age and older are not covered by any insurance held by IGN, inc. dba Iowa Gym-Nest. I agree to be completely financially responsible for all medical expenses arising out of my participation or observation in the Activity. As a consideration of my participation in the Activity I agree to carry adequate medical insurance.
  - (6) **Agreement.** I give my consent to let the participant be photographed for use by the Iowa Gym-Nest in newspapers or other media. I give my consent in emergency situations for the Released Parties to seek the nearest medical care for the participant. I understand that Iowa Gym-Nest will not be responsible for the participant before and after their instruction time. The participant must be picked up promptly after class. I have read the Policies and Procedures for parents, spectators, and participants in the Activity and/or Team Handbook, and agree to abide by all rules and conditions set forth therein and to accept the judgment of the program officials in this regard.
  - (7) **Payment Policies.** I have read, understand, and agree to abide by the payment policies and discontinuation of class policies. I understand that I am enrolled in my class until I notify IGN in writing at [coralvillegym@iowagymnest.com](mailto:coralvillegym@iowagymnest.com) that I will be discontinuing class.

**I HAVE READ AND UNDERSTOOD THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, REPRESENTATION OF ABILITY TO PARTICPATE, RELEASE, INDEMNIFICATION, OVER 18 WAIVER, AND CUSTODIAL PARENTS AGREEMENT. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP SUBSTANTIAL RIGHTS. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.**

\_\_\_\_\_  
Signature of Parent/Guardian/Participant(if over 18)

\_\_\_\_\_  
Date