

ACROS Gymnastics & Dance^{dba}

Mother's First Name _____ MI _____ Last Name _____

Fathers First Name _____ MI _____ Last Name _____

Address _____ City _____

State _____ Zip _____ Date _____

Home Phone _____ Cell Phone _____

Mom's Work Number _____ Dad's Work Number _____

Emergency Contact _____ Phone Number _____

Email _____ Primary Insurance/Policy Number _____

	<u>Student's Name</u>	<u>Birthdate</u>	<u>Sex</u>	<u>Medical Conditions/Medications</u>
1.	_____	____/____/____	M/Fe	_____
2.	_____	____/____/____	M/Fe	_____
3.	_____	____/____/____	M/Fe	_____
4.	_____	____/____/____	M/Fe	_____

How did you hear about ACROS? _____ Which radio station do you listen to? _____

PARENTAL CONSENT AND HOLD HARMLESS

The undersigned parent or guardian of _____ ("STUDENT") does hereby certify that no other person has legal custody of the STUDENT; and that the undersigned hereby expressly agrees and consents to participation by the STUDENT in all programs and activities conducted upon or taking place within the premises of ACROS Gymnastics, Inc. ("ACROS") in Vanderburgh ,County, Indiana. The undersigned agrees and acknowledges that there are risks of injury to the STUDENT, including a potential for permanent disability or death, resulting from such participation or from the use by the STUDENT or other of equipment involved in the activity, and with such knowledge freely assumes all such risks to the STUDENT, known or unknown, and assumes full responsibility therefore.

The undersigned has read and understands the rules, including all safety-related rules, with respect to the participation by the STUDENT in such activities and agrees that the STUDENT will fully comply therewith in all respects.

In consideration of permitting the STUDENT'S participation in such activities, and full understanding the risks involved, the undersigned agrees to and does hereby release, indemnify and hold the ACROS and it's officers, directors, shareholders, managers, employees, agents and volunteers harmless, without limit as to time or amount, from and against any and all claims, demands, causes of actions and damages of any kind whatsoever (plus ACROS' attorney's fees and all costs of litigation incurred by it), including, but not limited to, any of the same growing out of negligence on the part of the ACROS, past present or future, which may now or hereafter be asserted by reason of any loss, injury or damage to the person or property of the STUDENT, or of the undersigned, within or anywhere about the premises of the ACROS, it being the intention of the undersigned that this instrument of release and indemnity shall be a complete bar to all such claims, demands or causes of actions, regardless of when arising or by whom asserted. The undersigned agrees that the provisions hereof shall be contractual and not mere recitals, and that this release and indemnity agreement shall be binding upon the heirs, personal representatives, beneficiaries, legal representatives, and assigns of the undersigned.

The undersigned represents that the STUDENT is in good health, but authorizes emergency medical aid where necessary, including x-rays and other diagnostic tools.

Dated this _____ day of _____, 20__.

Signature _____ Print Name _____

Relationship to Student _____

Welch Family Enterprises, LLC

333-C Plaza East Blvd.

Evansville, IN 47715

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