



REGISTRATION 2023-2024 \$30

Private Lesson Trial Open Gym

(Circle One)

(Circle One)

Male Female Non-Binary

Male Female Non-Binary

Student Name

Age Birth Date

Student Name

Age Birth Date

Date, Time & Session Desired (1st choice honored unless notified)

2nd/3rd Choice

Parent/Guardian Name

Phone Number

Email Address

Parent/Guardian Name

Phone Number

Email Address

The Studio cannot guarantee that you or your child(ren) will not become infected with COVID-19 or any other illness. Further, attending MAGC could increase your risk and your child(ren)'s risk of contracting any illness. By signing this agreement, I acknowledge the contagious nature of COVID-19 and other illnesses and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by these illnesses by attending MAGC and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected at MAGC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, MAGC employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at MAGC or participation in MAGC. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless MAGC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of MAGC, its employees, agents, and representatives, whether an illness or injury occurs before, during, or after participation in any MAGC program. Permission Statement: My child/ren has permission to attend Mid-Atlantic Gymnastics Center LLC. I confirm this student(s) is in good health. I am also fully aware of and appreciate the risk of serious accidental injury, including head and neck injuries and accidental death, associated with participation in a gymnastics class or event. I hereby give my permission for MAGC officials to call a doctor and /or the parents for treatment in the event of an emergency. I further agree not to hold any MAGC official or staff member responsible for any possible illness, accident, injury, or death which may occur in training or class; nor any other damages, losses, or theft on MAGC premises. I do here verify that I fully understand and accept the above statement and Make-up policy. We often have A LOT of fun and would love to promote this in images on our website and social media. Please check the box to authorize the use of your child's image in photographs on our website, social media, online photo albums and in print.

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