

Parent(s) Name(s): \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**MINOR  
 RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

In consideration of participating in the Arizona Sunrays Gymnastics and Dance Center activities I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Arizona Sunrays Gymnastics and Dance Center, its respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or Or alleged to be caused whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 Printed name of Participant M / F DOB Printed name of Participant M / F DOB Date:

**PARENTAL CONSENT**

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operation, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, Loss liability, damage, or cost any Releasee may incur as the result of any such claim.

I hereby authorize (if online payment is made or autopay information is provided) this facility to charge my ACH draft, or credit card account. I understand that a 30 day written notice is required to terminate billing and I am responsible for payment whether or not my student attends classes until I notify this facility in writing to drop my student from class(es).

\_\_\_\_\_  
 Printed name of Parent/or Legal Guardian Signature of Parent/or Legal Guardian Date:

**PERMISSION TO TREAT (optional)**

I hereby give permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

\_\_\_\_\_  
 Signature of Parent/or Legal Guardian Date:

**EMERGENCY NUMBER**

In the event of an emergency and a parent or a guardian cannot be reached, please call:

\_\_\_\_\_  
 Name: Phone:

**PLEASE INITIAL NEXT TO EACH GUIDELINE**

NO SHOES WITHIN GYM AREA & DANCE ROOM

STAY WITHIN THE APPROVED AREAS

NO PARENTS BEYOND THE CUBBIES.\*

\*EXCEPT WHEN ACCOMPANYING A CHILD UNDER THE AGE OF 4 FOR BIRTHDAY PARTIES & AGE OF 6 FOR TUMBLE TIME & UNDER 3 FOR CLASSES. 1 PARENT PER CHILD PLEASE.

I HAVE RECEIVED AND READ THE POLICIES & PROCEDURES OF ARIZONA SUNRAYS AND FULL UNDERSTAND AND AGREE TO ITS CONTENTS.

Parent/Adult Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PARENT/ADULT PARTICIPANT  
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,  
AND INDEMNITY AGREEMENT**

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I hereby release, discharge, and covenant not to sue Arizona Sunrays Gymnastics and Dance Center, its respective administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or Or alleged to be caused whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim. I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
Printed name of participant      M / F      DOB      Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of participant

**PLEASE INITIAL NEXT TO EACH GUIDELINE**

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- STAY WITHIN THE APPROVED AREAS
- NO PARENTS BEYOND THE CUBBIES.\*  
\*EXCEPT WHEN ACCOMPANYING A CHILD UNDER THE AGE OF 4 FOR BIRTHDAY PARTIES & AGE OF 6 FOR TUMBLE TIME & UNDER 3 FOR CLASSES. 1 PARENT PER CHILD PLEASE.
- I HAVE RECEIVED AND READ THE POLICIES & PROCEDURES OF ARIZONA SUNRAYS AND FULL UNDERSTAND AND AGREE TO ITS CONTENTS.