



Assumption of Risk, Waiver

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, trampoline, dance, inflatables and cheerleading. Being fully aware of these dangers, I hereby give consent for my child(ren) and I to participate in any and all Farmington Valley Gymnastics & More, LLC programs and activities and I ACCEPT ALL RISKS associated with this participation. In consideration for my child(ren) and I participation I hereby, for myself and my child(ren) and our heirs and successors, Covenant Not to Sue and forever release Farmington Valley Gymnastics & More, LLC its affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors, other members involved in this facility's program(s), and volunteers from all liability resulting in damages or injuries incurred as a result of participation. I have read and understand this ASSUMPTION OF RISK, WAIVER and I voluntarily affix my name in agreement.

Medical Authorization

In any event of an accident or emergency I hereby authorize my child to be transported to a hospital for medical treatment and I hold Farmington Valley Gymnastics & More, LLC and its representatives harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Farmington Valley Gymnastics & More, LLC. I have read and understand this MEDICAL AUTHORIZATION and I voluntarily affix my name in agreement.

Photo Release

I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(ren)'s participation I hereby grant permission for my child's likeness to be used in Farmington Valley Gymnastics & More LLC publicity and advertising. I have read and understand this PHOTO RELEASE and I voluntarily affix my name in agreement.

Billing Authorization

I represent and warrant that if I am purchasing something or paying for a service from this facility or from other merchants through this facility that (i) any credit card or bank account draft (ACH Draft) information I supply is true and complete, (ii) charges incurred by me will be honored by my credit card company or financial institution, and (iii) I will pay the charges incurred by me at the posted prices, including any applicable taxes, fees, and penalties.

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)**. Should I dispute a charge through my financial institution this will constitute a breach of contract possibly resulting in, but not limited to, penalties, additional fees, collection, legal action, and/or termination of any and/or all current and future services.