



300 N. Maple St., Lebanon, TN 37087  
www.intriguegym.com  
(615) 443-7995

Student's Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Current Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M F

Parent/Guardian 1: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student's Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Has your child ever taken gymnastics or tumbling before? If yes, where and for how long?

\_\_\_\_\_

Does child have any known allergies or pertinent medical conditions that we need to be aware of? If yes, please explain:

\_\_\_\_\_

Does child take any medications that we need to be aware of? \_\_\_\_\_

Please list any major injuries and/or surgeries your child has had in the last two (2) years:

\_\_\_\_\_

May we use photos of your child on our website and/or social media? Circle one: Yes No

May we contact you via text message if needed? Circle one: Yes No

How did you hear about us? Circle one: Birthday Party Drove By Friend Social Media Other: \_\_\_\_\_

*\* Please fill out the back of this sheet, too! 😊*

**JOIN US ONLINE!**

IntrigueGym.com

@IntrigueGym



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

In consideration of participating in the Intrigue Gymnastics program, 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 risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or in actions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releases" 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 Intrigue Gymnastics it's respective administrators, directors, agents, officers, volunteers, and employees, other participants, and sponsors, advertisers, and if applicable, owners and lessees 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 cause or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and future agree that if, despite the release, waiver of liability and assumption of risk I, or anyone on my behalf, makes a claim against any of the releases, I will indemnify, save, and hold harmless each of the releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

**SICKNESS POLICY:** Students should not come to class if they have exhibited any of the following within the last 48 hours: Fever greater than 100.4; Vomiting; Any rash with or without fever; Diarrhea; Colored drainage from eyes or nose with fever greater than 100.4; Sustained cough, shortness of breath, or difficulty breathing. If my student demonstrates these symptoms during class, I understand that they will be dismissed from class. I further acknowledge, understand, appreciate and agree that my family's participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure.

**SPOTTING/EQUIPMENT SHARING:** I am aware that there will be times when our coaching staff will spot (physically assist) my student when the circumstances require it. Spotting is often necessary in order to teach skills safely, to help athletes perform skills correctly, and to prevent injury. By signing this waiver, I permit my child's teacher to physically assist my child when needed and to share equipment with other students in class.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK INDEMNITY AGREEMENT, I understand that I have given up substantial rights by signing it and have signed it freely 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.

**PARENTAL CONSENT**

And I, the parent and/or legal guardian, understands the nature of the above referenced activities and the minors 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 releases from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in hole or in part by the negligence of the releases or otherwise, including negligence rescue operations, 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 releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the releases from any litigation expenses, attorney fees losses liability, damage, or cost any releases may incur as the result of any such claim.

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**Print Name of Participant**

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**Date**

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**Signature of Legal Guardian/Participant if Under 18 Years Old**

