Boerne Gymnastics Center Girl Scout Partner Programs

Student's Last Name First Name MI | Age | DOB | Sex | Home Phone

Mother's (First & Last) / Father's (First & Last) | School | Grade | Referred By

Mailing Address | Email for confirmation

City | Zip | Limitations/Health Notes

Mother # Cell / Work | Father# Cell / Work

Release and Waiver of Liability, Assumption of Risk, And Indemnity Agreement

In consideration of participating in activities at/with BGC, I represent that I understand the nature of these Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activities. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activities. I fully understand that these Activities involve 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 losses, cost, and damages I incur as a result of my participation in the Activities.

I hereby release, discharge, and covenant not to sue Boerne Gymnastics Center, it respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activities takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in while or 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 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**, and 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 effort.

Printed name of Athlete | Signature of Athlete or Parent/Legal Guardian if minor | 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 liability, claims,demands,losses or damages on the minor's account caused or alleged to havebeen caused in whole or part by the negligence of the Releasees or otherwise, including negligent rescue operations, and futher 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.

Printed name of Parent/Legal Guardian | Signature of Parent/or Legal Guardian | Date

Please check the boxes of the programs you are attending: 1:00 PM - 4:00 PM Fee $16 per program

- ❒ Fly Thru the Air With the Greatest of Easy - Sunday March 28, 2010 (Brownies - Ambassadors) $_____
- ❒ Reach for the Sky - Tumble, Jump and Climb for Fun - Sunday April 18, 2010 (Daisies & Brownies) $_____
- ❒ Reach for the Sky - Tumble, Jump and Climb for Fun - Sunday April 25, 2010 (Juniors - Ambassadors) $_____

Total amount enclosed **$_____**

Return completed form and payment to Boerne Gymnastics Center, 105 Stonegate Road, Boerne, TX 78006
Confirmations will be sent by email.