

Dear Parents,

Please read this page carefully, initial each box, then sign and date the participation waiver at the bottom of the page.

- I understand the registration form and participation waiver are both prerequisites for my child's participation in classes.
- I understand that Diablo Gymnastics School does not offer credits or make ups for missed lessons.
- I understand that I will be billed on the 1st of each month for the the following months tuition and that tuition will be due on 15th. Example: February's tuition will be billed on January 1st and due by January 15th. If tuition is not paid by January 15th my child will be dropped from February's classes.
- If my tuition payment is not received by the 15th of the month, I will be dropped from my class.
- I give permission to Diablo Gymnastics School, Inc. to use my child's image for purposes including, but not limited to, ads, promotions and website.
- I understand that I will get my bills and personal account information by email. I also understand that I must opt out (see other side) if I do not wish to receive Diablo's periodic newsletters.

MINOR CONSENT AND ASSUMPTION OF RISK FORM

In consideration of being allowed to participate in any class or function at Diablo Gymnastics School, the parent(s) and/or legal guardians of the minor participant named below agree that they fully understand and will instruct their minor participant that:

1. There are risks and dangers associated with participation in gymnastics and/or any physical or sports training and fitness activities including but not limited to those of bodily injury partial or total disability, paralysis and death;
2. The social and economic losses and/or damages which could result from those risks and dangers described above could be severe;
3. These risks and dangers may be caused by the negligence of the participant or the negligence of others;
4. There may be other risks not known to us or that are not reasonably foreseeable at this time.

I/we accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused. **I/WE HAVE READ THE ABOVE WAIVER AND SIGN IT VOLUNTARILY.**

_____/_____/_____
Parent or Guardian (signature and relationship) Printed Name of Signor Date

_____/_____/_____
Parent or Guardian (signature and relationship) Printed Name of Signor Date