

# LANIER'S GYMNASTICS

16101 LONDON ROAD, GULFPORT, MS 39503 (228)-832-9442 [WWW.LANIERSGYMNASTICS.COM](http://WWW.LANIERSGYMNASTICS.COM)

TODAY'S DATE: \_\_\_\_\_

## STUDENT INFORMATION

FIRST \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_ M \_\_\_ F \_\_\_ DOB \_\_\_\_\_

FIRST \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_ M \_\_\_ F \_\_\_ DOB \_\_\_\_\_

FIRST \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_ M \_\_\_ F \_\_\_ DOB \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_

## PARENT/LEGAL GUARDIAN INFORMATION

FATHER/MALE GUARDIAN: FIRST \_\_\_\_\_ LAST \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS: (IF DIFFERENT FROM STUDENT'S) \_\_\_\_\_

MOTHER/FEMALE GUARDIAN: FIRST \_\_\_\_\_ LAST \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS: (IF DIFFERENT FROM STUDENT'S) \_\_\_\_\_

## EMERGENCY INFORMATION

EMERGENCY CONTACT: (MUST BE DIFFERENT FROM PARENT/GUARDIAN):

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

LIST ANY MEDICAL CONDITIONS LANIER'S GYMNASTICS SHOULD BE AWARE OF:

\_\_\_\_\_

## MISCELLANEOUS

STUDENT LIVES WITH: \_\_\_\_\_ PARTY RESPONSIBLE FOR BILL: \_\_\_\_\_

STUDENT'S INSURANCE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT LANIER'S? \_\_\_\_\_

DO YOU HAVE OTHER FAMILY MEMBERS ENROLLED IN LANIER'S? IF YES, PLEASE LIST THEIR

NAMES: \_\_\_\_\_

PLEASE COMPLETE BACK →→→

**LANIER'S GYMNASTICS ~ RELEASE OF LIABILITY**

16101 LONDON ROAD, GULFPORT, MS 39503

(228)-832-9442

[WWW.LANIERSGYMNASTICS.COM](http://WWW.LANIERSGYMNASTICS.COM)

IN CONSIDERATION OF PARTICIPATING IN LANIER'S GYMNASTICS' CLASSES AND PROGRAMS, I, \_\_\_\_\_ (PARENT/GUARDIAN, IF PARTICIPANT IS A MINOR) HAVE BEEN INFORMED BY LANIER'S GYMNASTICS OF THE CLASSES AND PROGRAMS OFFERED BY LANIER'S GYMNASTICS, AND I UNDERSTAND THE NATURE OF THE CLASSES AND PROGRAMS OFFERED BY LANIER'S GYMNASTICS. I, \_\_\_\_\_ DESIRE TO PARTICIPATE IN THE CLASSES AND PROGRAMS OFFERED BY LANIER'S GYMNASTICS, OR, IF THE PARTICIPANT IS A MINOR, I, \_\_\_\_\_ HEREBY CONSENT AS THE PARENT OR LEGAL GUARDIAN OF \_\_\_\_\_ (CHILD(REN)) TO HIS/HER PARTICIPATING IN THE CLASSES AND PROGRAMS OFFERED BY LANIER'S GYMNASTICS. I WARRANT THAT I AND/OR MY CHILD(REN) ARE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN LANIER'S GYMNASTICS' CLASSES AND PROGRAMS. I AM FULLY AWARE, UNDERSTAND, AND HAVE BEEN INFORMED BY LANIER'S GYMNASTICS THAT THE CLASSES AND PROGRAMS AT LANIER'S GYMNASTICS CARRY A RISK OF PHYSICAL INJURY. I AM FULLY AWARE, UNDERSTAND AND APPRECIATE THE RISKS OF PARTICIPATING IN THE CLASSES AND PROGRAMS OFFERED BY LANIER'S GYMNASTICS, INCLUDING BUT NOT LIMITED TO THE RISK OF INJURY, PARALYSIS, AND DEATH.

I HEREBY, FOR MYSELF, MY CHILD(REN), MY HEIRS AND EXECUTORS, RELEASE CINDY WALLACE, LANIER'S GYMNASTICS, THEIR AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, EMPLOYEES, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS, AND/OR ASSIGNS FROM ANY AND ALL LIABILITY FOR ANY INJURIES OR DAMAGES I OR MY CHILD(REN) MAY SUSTAIN AS A RESULT OF, OR ARISING OUT OF, MY AND/OR MY CHILD(REN)'S PARTICIPATION IN LANIER'S GYMNASTICS' CLASSES AND PROGRAMS INCLUDING, BUT NOT LIMITED TO, ANY INJURIES OR DAMAGES RESULTING FROM OR ARISING OUT OF ANY NEGLIGENCE BY CINDY WALLACE, LANIER'S GYMNASTICS, THEIR AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, EMPLOYEES, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS, AND/OR ASSIGNS, AND/OR ANY PARTICIPANT IN LANIER'S GYMNASTICS' CLASSES AND PROGRAMS.

I, AND/OR MY CHILD(REN) WITH MY CONSENT, ARE VOLUNTARILY PARTICIPATING IN LANIER'S GYMNASTICS' CLASSES AND PROGRAMS, AND I, AND/OR MY CHILD(REN) WITH MY CONSENT, ARE PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY AND/OR MY CHILD(REN)'S OWN RISK. IN THE EVENT THAT I AND/OR MY CHILD(REN) SHOULD NEED MEDICAL CARE OR TREATMENT, I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ANY COSTS INCURRED AS A RESULT OF SUCH TREATMENT. I AM AWARE AND UNDERSTAND THAT I SHOULD CARRY MY OWN HEALTH INSURANCE.

I AM AWARE THAT BY BEING AT OR AROUND LANIER'S GYMNASTICS' FACILITIES, THERE IS A CHANCE THAT A PICTURE OR A VIDEO MAY BE TAKEN OF ME AND/OR MY CHILD(REN); WHETHER THIS IS TAKEN BY LANIER'S GYMNASTICS, A FELLOW PARTICIPANT, NEWSPAPER, MAGAZINE OR NEWS STATION. I AGREE THAT THESE PICTURES/VIDEOS MAY BE USED FOR PROMOTIONAL PURPOSES TO GAIN REVENUE, OR FOR ADVERTISEMENT ON SOCIAL MEDIA, TELEVISION OR PRINT OF ANY SORT. IT IS UNDERSTOOD THAT NEITHER MYSELF NOR MY CHILD(REN) WILL GAIN ANY MONETARY COMPENSATION FOR THE USE OF THOSE PICTURES AND/OR VIDEOS. I HEREBY WARRANT I HAVE READ AND UNDERSTAND, AS WELL AS DISCUSSED WITH MY CHILD(REN), THE HANDBOOK OF RULES AND POLICIES FOR LANIER'S GYMNASTICS. I AGREE TO ADHERE TO THESE POLICIES, OR BE REMOVED FROM THE FACILITIES.

I HEREBY WARRANT THAT I AM 18 YEARS OF AGE OR OLDER, THAT I HAVE READ THIS RELEASE OF LIABILITY IN ITS ENTIRETY PRIOR TO EXECUTING THIS RELEASE OF LIABILITY, AND THAT I FULLY UNDERSTAND THIS RELEASE OF LIABILITY AND UNDERSTAND ITS CONTENT. I FURTHER UNDERSTAND THAT THIS RELEASE OF LIABILITY CANNOT BE MODIFIED ORALLY. I HEREBY ALSO WARRANT THAT I AM SIGNING THIS RELEASE OF LIABILITY OF MY OWN FREE WILL. IF I AM SIGNING THIS RELEASE OF LIABILITY AS THE LEGAL PARENT OR GUARDIAN OF A MINOR PARTICIPANT, I WARRANT THAT I AM THE LEGAL PARENT/GUARDIAN OF THE PARTICIPANT.

PARTICIPANT/PARENT/GUARDIANS' NAME: \_\_\_\_\_

PARTICIPANT/PARENT/LEGAL GUARDIAN'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_