

The McKeon Center Registration & Liability Release

Summer Tumbl' Lab /Acro Arts Camp /Gym Camp 2021

Check all dates attending					
Tumbl' Lab	July 10	July 24	August 7	August 21	
Full Day Gym	Jun 28- July 2	July 5 - 9	July 12 - 16	July 19 - 23	
Half Day Gym		July 5 - 9		July 19 - 23	
Acro Arts	August 2 - 6				

FEE SCHEDULE:

Tumbl' Lab	\$25.00 per 1 ½ hr. class
Full Day Gym Camp	\$350.00 per week
Half Day Gym Camp	\$150.00 per week
Acro Arts Camp	\$225.00 per week

Full payment due with registration - Amount Paid _____

Today's date _____ Student's Name _____
 Home Phone _____ M F Age ____ Birth - date _____
 Address _____ City _____ Zip _____
 Mother's Full Name _____ Mother's Employer _____
 Father's Full Name _____ Father's Employer _____
 Mother's Work Phone _____ Father's Work Phone _____
 Mother's Cell Phone _____ Father's Cell Phone _____
 Emergency Contact _____ Relationship _____ Phone _____
 Health Insurance Carrier _____
 E-mail address _____

Medical Questionere:

Does your child have any allergies? If so please specify –
Does your child have any medical condition we should be aware of?
Is your child on any medication that she/he will need to take during camp?

Medical Release Form

The undersigned gives permission for the Gym I & II, Inc./ The McKeon Center owners, officers, employees, and/or agents to seek emergency medical treatment for the student in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said actio

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of **Gym I & II Inc. / DBA McKeon Dance & Gymnastics Center** gymnastics and dance program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes 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; and,
2. 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,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (**Gym I & II Inc. / DBA McKeon Dance & Gymnastics Center**) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable,

owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent/Guardian Signature _____ Date _____