



Athlete Registration Form

Athlete /Participant Information

First Name Last Name Date of Birth MM / DD / YYYY	Address City Province Postal Code
E-mail Please provide if 18 years old or older Phone Mobile	Experience/Ability No Experience Back Walkover Handspring Back tuck Self Taught Advanced Other

Medical Information

Is there any medical conditions or previous injuries we should be aware of:

Parent/Guardian Information

First Name Last Name Relationship	<small>If it is the same as the athlete, leave blank.</small> Address City Province Postal Code
E-mail Mobile Number	Home Number Work Number

Emergency Contact Information

Full Name Phone /Mobile Relationship	Full Name Phone/Mobile Relationship
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PARTICIPANT WAIVER AND RELEASE OF LIABILITY

FOR: _____ (name of athlete/participant)

By signing this Participant Waiver and Release of Liability (the "Waiver and Release"), I acknowledge that I am aware that there are risks associated with gymnastics, including, without limitation, the risk of personal injury, death, property damage, expense and related loss, including loss of income (the "Risks").

For good and sufficient consideration, I freely accept and fully assume all such Risks on behalf of myself and any of my children for whom I am the legal guardian (the "Children"). Further I agree to waive any and all claims that I may have in future against Laws of Motion and its directors, officers, employees, officials and volunteers (collectively, the "Additional Releases"), due to any cause whatsoever, including, without limitation, negligence, breach of contract, fundamental breach of contract or breach of any statutory duty of care.

I further agree to hold harmless and imdenify Laws of Motion and the Additional Releases from any and all liability for any losses and damages, howsoever caused, including, without limitation, negligence, breach of contract, fundamental breach of contract or breach of any statutory duty of care resulting from my and/or the Children's participation in the Activities and Services.

I acknowledge and agree that the Additional Releases are third party beneficiaries of this Waiver and Release and that any such Additional Releases shall be entitled to rely upon and enforce the provisions contained herein.

I agree that this agreement is binding on not only myself but my next of kin, heirs, executors, administrators and assigns.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM WAIVING CERTAIN RIGHTS WHICH I OR MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST LAWS OF MOTION AND OTHERS.

Signature of Parent or Guardian

Date

Signature of Witness

Date