



NELY'S SCHOOL OF RHYTHMIC GYMNASTICS
ENROLLMENT FORM

Child's name _____

D.O.B __/__/____

School _____ **School District** _____

Address _____

City _____ **Zip Code** _____

Parent 1 Name _____ **Phone#** _____

Parent 2 Name _____ **Phone#** _____

Email _____

Emergency Contact _____ **Phone#** _____

Child'd Doctor _____ **Phone#** _____

Insurance Provider _____

Allergies _____

Chronic Illness _____

MEDICAL RELEASE: Should my child become ill or injured while participating in an authorized gymnastics activity and I and/or my child's physician are not available, I hereby grant any administrative director, staff person, agent, or employee of Nely's School of Rhythmic Gymnastics, LLC the authority to obtain the emergency medical attention they deem necessary. I further authorize the above designated to execute that consent required in connection with such advice or treatment. I hereby release said person from and agree to indemnify them, Nely's School of Rhythmic Gymnastics, LLC. against any liability arising out of the exercise of the authority I here granted.

Signature _____ **Date** _____



NELY'S SCHOOL OF RHYTHMIC GYMNASTICS
WAIVER & RELEASE OF LIABILITY AGREEMENT

DISCLAIMER: Nely's School of Rhythmic Gymnastics, LLC is not responsible for any injury (or loss of property) to any person while practicing, training, taking class, competing, participating in open gym, special events, demonstrations or shows, or in any other way involved in gymnastics or dancing at Nely's School of Rhythmic Gymnastics for any reason whatsoever, including ordinary negligence on the part of Nely's School of Rhythmic Gymnastics, its members, managers, agents, or employees.

CONSENT: I consent to my/minor's participation in the activity and acknowledge that I fully understand my/minor's participation may involve risk of serious injury, illness, or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the activity is being conducted, and/or the rules of play of this type of activity. I understand that if I have any risk concerns, I shall discuss them completely with the staff before I sign this agreement and before my/minor's participation in the activity begins.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, illness, and death, resulting from my/minor's participation in the activity, including transportation to and from the activity. I agree I am financially responsible for any losses and damages resulting from my/minor's participation in the activity.

WAIVER: In consideration for my/minor's participation in the activity, I hereby waive all claims or causes of action, including ordinary negligence, against Nely's School of Rhythmic Gymnastics, its managers and members, and any of their employees, teachers, coaches, or agents, arising out of my/minor's participation in the activity wherever, whenever or however the same may occur. I have read this form and fully understand that by signing this form, I am giving up legal rights and or remedies which may be available to me/minor for the ordinary negligence of Nely's School of Rhythmic Gymnastics or any person listed above.

PHOTO & VIDEO RELEASE: I grant consent for my/minor's picture to be taken or to be filmed while participating in activities at Nely's School of Rhythmic Gymnastics. I authorize Nely's School of Rhythmic Gymnastics to use and publish images, photographs, pictures, portraits, and audio, video and/or film footage of me/minor in all forms of media and in all manner for publication including, but not limited to, advertising and marketing campaigns, press releases, periodicals, and website use. I hereby waive any right I may have to review, inspect, edit or approve such publication and I release Nely's School of Rhythmic Gymnastics from any claims I may have against it for use of such images, photographs, pictures, portraits, and audio, video and/or film footage of me.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS APPLICATION AND RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT BY READING BEFORE SIGNING IT.

Signature _____ Date ____/____/_____

Print Name _____ Relation to Child _____



NELYS SCHOOL OF RHYTHMIC GYMNASTICS

COVID – 19 WAIVER

I, _____ do hereby acknowledge that I received Nely's School of Rhythmic Gymnastics COVID-19 Waiver and do hereby agree to adhere to the following:

I acknowledge, understand appreciate and agree that my participation may result in 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. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases o others, and assume full responsibility for my participation and exposure

Name (Print) _____

Date _____

Name (signature) _____