

Payment, Policies and Procedures

Child's Safety- I understand I am responsible for my child's behavior and safety while on the KIPS Gymnastics Club premises, including, but not limited to, parking lots, bathrooms, waiting areas, etc. I understand that the only people allowed in the gym area are students during designated class times, and with their instructors ONLY! I understand that at no time are parents or siblings allowed in the main gym area. If I need to take my child out of class, or are arriving after class has begun, I know that an Instructor will accompany my child.

Tuition- I understand that tuition is due by the 1st of the month. If tuition is received or postmarked after the 1st of the month, I understand that there will be a \$20.00 late fee. I know that there is a \$25.00 charge for all returned checks. My child will not be allowed to attend classes if our bill is more than 30 days past due. If I decide to drop my child from class, a DROP FORM MUST BE FILED WITH THE OFFICE. I am responsible for all fees accrued up to the date of notification, regardless of attendance.

Missed Classes- I REALIZE THAT NO CREDIT IS EVER GIVEN FOR MISSED CLASSES. Make-up classes are only available as space permits and must be scheduled within 30 days of the missed class. I understand that I can only schedule make-ups if my child is currently enrolled, and only two can be scheduled at a time. When I schedule a make-up class, I understand that is considered complete, and cannot be rescheduled regardless of attendance, since a spot is being held for my child.

ANNUAL FEE- I am aware that KIPS Gymnastics has an annual membership fee of \$40.00 for the first student and \$60.00 for a family. Signing this form acknowledges that I am aware that once enrolled, my child automatically continues enrollment, unless I change classes or give proper notification of withdrawal, to the office. I understand that my monthly tuition and my child's membership fee are not refundable.

X _____
Parent/Guardian Signature

Date

RELEASE OF LIABILITY, WAIVER OF LIABILITY-ASSUMPTION OF FULL RESPONSIBILITIES FOR ALL RISKS OF BODILY INJURY, DEATH OR DAMAGES.

As parent or legal guardian of _____ (Students Name), I give my consent for him/her to participate in the programs at KIPS Gymnastics. I understand that participation in gymnastics and any related activities always involves certain risks, and may result in unavoidable injuries due to the height, rotation, and motions involved in a unique environment. These injuries may include muscle strains and tears, broken bones and severe injuries including, but not limited to, permanent paralysis or even death. I am fully aware of the risks and possibility of injury involved. KIPS recommends that you seek the advice of your physician before commencing any exercise routine. As a parent or legal guardian, I assume any and all risks of injury associated with or in any manner related to his or her use of or presence upon KIPS premises, as well as use of any exercise equipment located within KIPS facilities. This waiver applies regardless of whether using exercise equipment at the time of the injury or whether injury occurs as a result of presence upon the premises regardless of the purpose or activity at the time of the injury-causing incident.

As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payments of any and all medical expenses incurred as a result of training, performing or participating in activities of KIPS Gymnastics.

I understand it is this gym's express intent to provide for the safety and protection of my child and in consideration for allowing the above named minor child to participate in activities with KIPS Gymnastics, the Board of Directors and officers, the KIPS Gymnastics Booster Club, and any of their employees, instructors, coaches or agents, for any injuries suffered by my child and other damages suffered by my child or myself while on the premises or under the supervision or control of KIPS Gymnastics and its employees. It is also my intent to release KIPS Gymnastics and its employees from liability for future negligent conduct. As a parent or legal guardian, I agree and covenant not to sue or otherwise attempt to hold the club liable for any injuries regardless of the cause. I agree to indemnify and hold the club harmless against any and all claims arising out of the minor child's presence upon KIPS premises, including the use of the premises by any family member or guest of the minor child regardless of the cause.

This waiver is intended to be as broad as is allowed under the applicable law and applies to any and all claims for damages, regardless of whether they are allegedly caused by the negligence of the club or its employees. This acknowledgement of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

X _____
Parent/Guardian Signature

Date

I acknowledge that none of the above information has changed since the date previously signed.

X _____
Parent/Guardian Signature

Date

X _____
Parent/Guardian Signature

Date