

Signal School of Physical Education Registration and Waiver

Student's Name _____ Class _____ Age _____

Meets on Day(s) _____ Time _____

Phone _____ Work _____ Email _____

Address _____

Any Limiting Physical Conditions? _____

Release and Waiver of Liability

I am the parent or legal guardian of the above child. I am financially responsible for all fees pertaining to this program.

I agree to abide by Signal School of Physical Education's policies and procedures. I hereby voluntarily release, forever discharge and agree to hold harmless and indemnify Signal School of Physical Education and all personnel involved therein from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my child's participation in this activity, including those allegedly attributable to negligent acts or omissions.

I certify that I or my child has health, accident, and liability insurance to cover any bodily injury or property damage that may be caused or suffered while participating in this event, or else I agree to bear the costs of such damage or injury to my child or myself. I further certify that my child has no medical or physical condition which would interfere with my child's safety in this activity.

I understand that my child may be photographed at Signal School of Education during normal class hours, practices and/or gymnastics meets. I understand that these photographs may be used on Signal School of Physical Education's website, Facebook page, newsletters or any other publication.

I have read this Release and Waiver of Liability and understood it, and I agree to be bound by its terms.

Signature _____ Date: _____

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