



"Building Life Skills - Since 1996"



2301 Main Street, Batavia, IL 60510
3N800 Peck Road, St. Charles, IL 60175

Phone: (630) 482-3738
Phone (630) 513-0132
Fax: (630) 482-3746
Fax (630) 513-6323

Family Information:

Mom Name: Contact Phone
Dad Name: Contact Phone:
Address City Zip
Email Address
Emergency Contact: Phone:
How did you learn about Excel? (flyer, current student, birthday party, etc.)

Student Information:

Table with 5 columns: Child's Name, Date of Birth, Age, Sex, Medical Concerns

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION

"I recognize and acknowledge that there are certain risks of physical injury to participants in sports or activities involving height or motion, including but limited to martial arts, dance, gymnastics, tumbling, trampoline, cheerleading and ball sports. I agree to full risk of any such injuries, damages or loss regardless of the severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program (s). I waive and relinquish all claims my child/ward or I may have against Excel Gymnastics Training Center, Inc., W.S.S.C., L.L.C., and/or Energym, L.L.C. dba Excel Gymnastics and their officers, agents, servants, and employees as a result of participating in any of the program (s).

In the event of any emergency I would like the above mentioned to be taken to a hospital for medical treatment and I hold Excel Gymnastics Training Center, Inc., W.S.S.C., L.L.C. and/or Energym, L.L.C. dba Excel Gymnastics and its representatives harmless in their execution of this action.

I have carefully read and understand the Acknowledgement of Risk and Waiver of Liability and Medical Authorization and understand that my signature is required below in order for my child/ward to participate in any Excel Gymnastics Training Center, Inc., WSSC, LLC, and/or Energym L.L.C. dba Excel Gymnastics Programs.

Photo/Media Release

"Participants and/or their parents herby permit the taking of photos, audio and videotaping while using the facilities or programs of Excel Gymnastics Training Center, Inc, W.S.S.C., LLC., and/or Energym, LLC.dba Excel Gymnastics for publication and use as Excel deems appropriate.

PARENTAL CONSENT

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Signature of Parent/or Legal Guardian

Date:

Printed Name of Parent/or Legal Guardian