

PRIVATE LESSON REGISTRATION FORM

Student Name: _____ Age: _____ Date of Birth: _____ M/F

Parent/Guardian: _____ Parent/Guardian: _____

Mailing Address: _____ City _____ Zip _____

Phone #1 _____ Phone #2 _____

E-Mail Address #1: _____ E-Mail Address #2: _____

Emergency Contact and Phone Number (other than parents):

Name: _____ Relationship _____ Phone : _____

List any physical impairments/conditions/allergies or current medications taken by your child:

INSTRUCTOR: _____ DAY/TIME: _____

Lessons with a GYM Coach

<i>Private Lesson</i>	<i>Semi-Private</i>	<i>Group of 3 Private</i>	<i>Group of 4 Private</i>
\$70/hour	\$76/hour	\$81/hour	\$88/hour
1 person	2 people	3 people	4 people

Lessons with a Music OR Tutoring Instructor

<i>Private Lesson</i>	<i>Semi-Private</i>	<i>Group of 3 Private</i>
\$50/hour	\$65/hour	\$81/hour
1 person	2 people	3 people

Lessons with Natassia or Jaden

<i>Private Lesson</i>	<i>Semi-Private</i>	<i>Group of 3 Private</i>
\$95/hour	\$110/hour	\$126/hour
1 person	2 people	3 people

**For lessons with Kortni contact separately for pricing/scheduling:
Kortni Nelson (509)989-9651**

****MUST HAVE UPDATED AUTO PAY FORM ON FILE****

Signature Required

RELEASE OF WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

In consideration of participation in AIM School & Gymnastics, I represent that I understand the nature of these activities and that I and/or my child are qualified, in good health, and in proper physical condition to participate in such activities. I acknowledge that if I and/or my child believe conditions are unsafe, I will immediately discontinue participation in the activity. I and/or my child fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my and/or my child's own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below. I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity. I hereby release, discharge, and covenant not to sue AIM School & Gymnastics. Or, it's respective administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers, and if applicable owners and lessors of premises on which the activity takes place, from all liability, claims, demands, losses, or damages on my account caused in whole or in part by the "releases" or otherwise, including negligent rescue operations and future agreed that it, despite this release, waiver of liability and assumption of risk, I or anyone on my behalf, makes a claim against any of the releases, I will indemnify, save, and hold harmless each of the releases from any loss, liability, damage, or cost, which any may incur as the result of such claim. Any and all skills will be conducted in a safe environment and I will hold AIM School & Gymnastics harmless of any injuries incurred in and outside of the facility (i.e. parades, field trips, and online classes).

PARENT/GUARDIAN ASSUMPTION OF RISK/WAIVER OF LIABILITY/ INDEMNIFICATION AGREEMENT FOR COMMUNICABLE DISEASES INCLUDING COVID-19

My child/student desires to participate in school and athletic activities provided by AIM School & Gymnastics (otherwise known as AIM). As consideration for participation in these gymnastics and school activities that the minor child will gain intangible value, the undersigned parent/guardian acknowledges, appreciates, and agrees that

1. I and my minor child are aware that my minor child's participation includes 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; and I acknowledge that any injuries that I and/or my minor child sustain is known and I freely assume all such risks both known and unknown concerning infectious diseases even if arising from the negligence of AIM or otherwise.
2. I willingly agree to comply with the stated and customary terms and conditions for participation in regard to protection against infectious diseases for my minor child and family as required by AIM and federal, state, and local government and health agencies. If, however, I or my minor child or family observe any unusual or significant hazard during our presence or participation, I will remove myself, minor child, and/or family from participation and bring such immediately to the attention of Baylie Cole Owner of AIM School and Gymnastics, and,
3. I, for myself and on behalf of my minor child, family, heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD AIM their officers, officials, board members, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the participation events ("RELEASEES") HARMLESS WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person (including my minor child) or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPATION OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as a parent/guardian, with legal responsibility for this minor child/student, have read and explained the provisions in this waiver/release to my child/ward including the risk of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself and myself, my spouse, and child/ward to release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE to the fullest extent provided by the law.

MUST SIGN AND INITIAL ALL POLICIES

_____/I/We have read and understand; The Billing policy, Late fee policy (\$25 after the 10th), Cancellation policy, Withdrawal policy rules, No Photography policy, early Drop-off/late Pick-up policy (\$10 every 15 minutes), No participant left alone with coach policy, and non-refundable registration fee. **Receipt is required for cash payment.**

_____/I/We understand that if my child's behavior is not age appropriate for the registered class, AIM staff will help find an alternate option. I/We also understand the viewing policy, dress code and make-up policy for my/our child.

_____/I/We, despite all reasonable precautions implemented for safety, are fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in the programs or activities which may occur. I knowingly and willingly assume all such risks. Consequently, I/We hereby for myself, heirs, executors and administrator, do waive and release any and all rights and claims for damages against the owners, operators, coaches, teachers, and other members of AIM School and Gymnastics from personal injury or accident of any sort of nature suffered by me, the undersigned, and/or my children by reason of participation or membership in classes, lessons, or any programs of activities of AIM School and Gymnastics.

_____/I/We are covered by a primary health/medical/accident insurance through: _____

_____/I/We hereby give my consent to AIM School and Gymnastics to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation.

_____/I/We understand that the parent and/or guardian of the registered student is responsible for all charges incurred.

_____/I/We understand that my child's photo may be used for advertising (i.e. web, facility photos, newspaper, etc.)

_____/I/We understand we must have auto-pay information on file.

_____/I/We have read and understand the Private Lesson Policies.

Parent or Guardian Signature: _____ Date: _____

For Office Use Only: Annual Reg. Fee PD (\$45) _____ Form Entered _____ Autopay Form Completed _____