

RENTAL REGISTRATION FORM

Party Person Name: _____ Date of Birth: _____ Age _____ M/F

Parent/Guardian: _____ Parent/Guardian: _____

Mailing Address: _____ City: _____ Zip: _____

Primary Phone :() _____ Cell Phone(s) () _____ / () _____

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

Emergency Contact and Phone Number (other than parents):

Name: _____ Relationship: _____ Phone: () _____

Rental Date/Time: _____

Package includes: Full Gym, 2 hours, party area, tables, chairs, Party Coordinator to assist with party \$250

All Boxes MUST be initialed and form MUST be signed by Parent/Guardian prior to participant going out on floor.

____ 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 associate in 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 all 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 registered person 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 that we have an additional 15 minutes before and after party time for set up and clean up. If we **exceed** the allotted 15 minutes before or after, there will be a **\$25.00** charge per every 15 minutes extra.

____ I/we understand if there is a need to reschedule, it must be arranged at least 10 days prior to original party date, or there will be a \$50.00 rescheduling fee. In the event of a cancellation, only 50% of the rental total will be refunded, and must be communicated 2 weeks prior to the party date. The rental booking fee is non-transferrable non-refundable in any circumstances including, but not limited to State and Local mandated closures, and that this fee is due at the time of the booking.

____ I/we understand that there is a designated wall for decorations. No adhesives are allowed on the painted or mural walls. Any damages caused by such will result in the customer being financially responsible for such damages.

____ I/we understand there is a \$25 NSF fee on all NSF transactions including returned checks.

Add-Ons

Additional Hour \$65

Additional Half-Hour \$40

Additional 20 Children \$40

***Late Additional 20 Children Add-On Fee \$75**

Parent or Guardian Signature: _____ **Date:** _____

For Office Use Only: Bubble Party Package \$250
Date Paid: _____
Payments: Card/Check /Cash \$ _____

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 Gymnastic 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.

Name of Student: _____

Name of Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s) Signature: _____

Date Signed: _____

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.

Name of Student: _____

Name of Parent(s)/Guardian(s): _____

Parent(s)/Guardian(s) signature: _____

Date signed: _____