



## MADISON TURNERS, INC. POLICIES, WAIVER & RELEASE OF LIABILITY

*Participant's Name 1.		*Date Of Birth	*Gender
2.			
3.			
*Parent/Legal Guardian 1.	*Phone Number	*Email	
Parent/Legal Guardian 2.	Phone Number	Email	
*Home Address		*City/State	*Zip
*Pre-Existing Medical Conditions (i.e. allergies/asthma/epilepsy/ADHD)			
Emergency Contact	Emergency Phone #	How Did You Hear About Us? (Circle) Facebook Google Referral Search Engine Other	

**Waiver of Liability and Assumption of Risk:** I understand that participation in all sports activities, including gymnastics; can involve risk and possible injury. While Madison Turner's, Inc. is dedicated to providing a safe environment and the incident of injury is rare, I understand that accidents can occur which may result in serious or permanent injury. Even under the best of conditions, I understand there can be no guarantee of an injury free program. I release Madison Turner's, Inc., its directors and staff from liability for any injury sustained by myself or my child while under their instruction, supervision, or control, and from liability for any medical or other expenses, which may result from injury. I agree to hold harmless and indemnify Madison Turner's Inc. its directors and staff for any losses, damages, attorney fees, and any other costs incurred in connection with claims of injury which may result from my or my child's participation in this program. Authorization of Medical Care: In case of injury or illness while attending Madison Turner's Inc. sports programs, if I cannot be reached, I authorize and desire medical care for the above participants at the discretion of the attending physician. I accept responsibility for all associated expenses. I understand and agree that this release includes any Claims based on the unintentional acts of Madison Turners, its employees, and representatives, whether any form of illness occurs before, during, or after participation in any gymnastics activity, including Birthday Parties, Open Gyms, Classes and any other event.

**Appropriate Behavior:** Children are expected to behave in a manner that is respectful of staff, fellow participants and our facility, and I understand that displays of anger, emotional or physical outbursts, inappropriate language or physical contact is not allowed. I agree to promptly leave the premises with my child if I cannot correct the inappropriate behavior.

**Photographs:** I authorize the use of my own or my child's visual image for Madison Turners use.

**Agreement to pay:** Full payment of first month tuition and future last must be received on the first day of class unless otherwise agreed by Mgmt. Registered students and families are required to comply with all payment policies in effect of Turners Gymnastics.

**Tuition:** Tuition is based on an average of 42 weeks per year or 3.5 classes per month to allow for gym closings, increment weather, and holidays.

**Notice for Discontinuing:** Spots are held for the current and following month in advance. 30 days' notice before the 1<sup>st</sup> of the last month student desires to attend required for dropping enrollment or future payment on file will be applied to the following month. The date of student's last class is calculated by enrollment system and sent automatically when request is approved. Last day is determined by the system and can fall on any week.

**Pro-ration:** No pro-ration of fees if spot is being held. See Autopay form for more information.

**Make-Up Classes:** Families may request a make-up class or open gym pass with advance email notice of missed class. Make-ups are a courtesy and not guaranteed as they are based on availability. Missed class must be made up or pass picked up within 1-2 weeks of missed class.

**Open Gym:** Two passes used maximum per group per visit. Passes for missed class may not be picked up at open gym.

**Registration Fee:** \$30 Registration fee is charged yearly \*per first two children. Fee is valid from September 1<sup>st</sup>-September 1<sup>st</sup> of following year. If student joins and fee is paid during July or later, it will be good through August of the next year.

**Late Fee:** \$30 late fee will be added on to any monthly account after the 15<sup>th</sup> of each month with unpaid balance. An additional \$30 late fee added to account the following month and gymnast's spot may be released and / or they will not be able to attend class until balance is paid.

**Autopay Negligence Fee:** \$30 Autopay negligence fee assessed per month for incomplete autopay accounts.

**Cancelled Registration:** If spot is held for more than one week and / or notice is not received at all or in a timely manner and prior to the first day of class, a \$30 fee charged for cancelled registration will be added to student's account to be paid before student can enroll in future months.

**Cancellation Fee:** If enrollment request is received with less than 30 days' notice and is able to be approved, fee is applicable.

**Credit Card Processing/Split Payment Fee:** Fees assessed for CC or split payments (Auto Monthly AP excluded unless payment method fails)

**No Refunds:** No refunds of tuition will be extended. Credit may be added onto account for injuries by discretion of Mgmt.

\*Parent's/Guardian's Signature \_\_\_\_\_ \*Date \_\_\_\_\_