



2019-20 PRIVATE LESSON RELEASE FORM

88 Wells Avenue, Newton, MA (617) 244-3300 / (617) 244-5777 (Fax) www.exxcels.net

Child's Name: _____ F _____ M _____ DOB _____

Describe any medical conditions which we should be aware of: _____

Parent #1: _____ Email: _____

Address: _____ City/State: _____ Zip _____

Home #: _____ Cell#: _____ (Opt In Text? Y/N) Work#: _____

Parent #2: _____ Email: _____

Address: _____ City/State: _____ Zip _____

Home #: _____ Cell#: _____ (Opt In Text? Y/N) Work#: _____

Emergency Contact Name/Relationship: _____ Emergency Contact #: _____

How did you hear about Exxcels Gymnastics? _____

Acknowledgement of Risk and Waiver of Liability

As parents or legal guardians of _____, we hereby give permission for our child to participate in all programs offered at Exxcels Gymnastics, LLC. We recognize that gymnastics and climbing are sports that involve height and rotation of the body, and there are inherent risks involved, including risks of serious injury, other personal injury, or death. On behalf of our child and on our own behalf, we freely and voluntarily assume those risks and we agree to waive all claims against, and hold harmless, Exxcels Gymnastics, LLC and its owners, staff and instructors for any liability, loss, injury, cost, damage, medical expense, long-term care or emotional distress arising out of any personal or other injury, including total disability, paralysis and death, which may occur to any of our children while on the premises of or under the instruction, supervision, or control of Exxcels Gymnastics, LLC, and we agree to assume all responsibility for doctor, ambulance expense, hospital expenses, and medical expenses for any loss or injury by reason of our use or our child's use of facilities owned or operated by Exxcels Gymnastics, LLC. We testify to our child's sound health of mind and body and we authorize Exxcels Gymnastics, LLC to seek medical treatment at the nearest medical facility in case of emergency.

Please note that in a staffing emergency, Exxcels requires instructors to reschedule private lessons.

We have read and understand all the above and agree to the above terms, including the Waiver of Liability.

Parent, Guardian or Authorized

Person's Signature: _____ **Date:** _____

For Office Use Only:

Instructor's Name: _____
Membership Fee Expiration Date: _____