



Waiver and Assumption of Risk

I, the undersigned, parent/guardian of _____, hereby authorize the staff at Tri-Force Jump Rope, LLC to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive any and all claims for personal injury, illness, and/or property damage against Tri-Force Jump Rope, LLC and its directors, officers, agents, employees, contractors, representatives, and any volunteers in any way associated with Tri-Force Jump Rope, LLC. I agree and understand that participation in jump rope, tumbling, or any other activity that involves motion, rotation, and/or height carries with it the risk of injury. I agree and understand that all medical expenses incurred will be the responsibility of parent or legal guardian. In lieu of a medical certification signed by a medical doctor, I state that I have no knowledge of any physical injuries or impairment that would be affected by the named child's participation in any program at Tri-Force Jump Rope, LLC.

I also expressly grant Tri-Force Jump Rope, LLC or any approved third party of Tri-Force Jump Rope, LLC, the right to film, videotape, photograph, or record my child. I give Tri-Force Jump Rope, LLC the irrevocable right to use, display, digitally enhance and/or alter in any manner the film, videotape, photograph, or record of my child and use in any promotional activities to include but not limited to broadcast, television, cable, radio, motion picture, video tape, DVD, CD, or any published articles.

Parent or Guardian (Signature)

Date

Please initial each item and sign at the bottom.

_____ **Registration Fee:**
\$25 per individual per year

_____ **NSF Check Return/ Credit Card Decline Fee:**
\$25 per item per try

_____ **Monthly Tuition:**
Due on the 1st of the month
Late after the 5th of the month
10% Late Fee after the 5th of the month

_____ **Cancellation:**
Rec. class cancellation requires 30 day notice. Competitive team withdrawal requires 60 day notice. Refunds can not be given for registration fee.

_____ **Missed Rec. Classes:**
Due to holiday or inclement weather are not given make up times or tuition discounts. Make up classes are offered on the 1st Saturday of every month.

_____ **Discipline:**
Athletes and parents will be given 2 warnings for policy violations. 3rd violations will warrant removal from the program. No refunds will be given if asked to leave.

_____ **Parents:**
Please allow our coaches to do their job. Should you have a question, please wait until practice is over and address your questions in private.

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