



Family Registration Form

Both Parent's names: _____
First Last

Primary Phone: _____ Secondary Phone: _____

Mom Dad | home cell work | Mom Dad | home cell work

Address: _____
Street City State Zip

Email Address (Print, in uppercase) : _____

Check the box if you would like to be signed up for the gym newsletters, and receive gym updates.

Emergency Contact _____ Emergency Phone _____

Relation | Relative Friend Other: _____ Home Cell Work

Student Name: _____ DOB: _____ Gender: F M
First Last MM/DD/YY

Student Name: _____ DOB: _____ Gender: F M
First Last MM/DD/YY

Student Name: _____ DOB: _____ Gender: F M
First Last MM/DD/YY

Medical/Social Conditions and Symptoms* _____

List any known allergies, and or physical and mental conditions. Use additional paper if necessary.

Medical Authorization. I fully understand Blue Ridge Motion, coaches, members and trainers are not physicians or medical practitioners of any kind.

I hereby release Blue Ridge Motion, its coaches, members and trainers to render first aid to myself, as participant or participant's legal guardian, in the event of any injury or illness, and if deemed necessary by the Blue Ridge Motion, staff, to seek medical help, including transportation by a Blue Ridge Motion, or its representatives, whether paid or volunteer, to any healthcare facility or hospital, or the calling of an ambulance for said participant.

I am 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 Blue Ridge Motion, activities.

I FURTHER AGREE THAT BLUE RIDGE MOTION, ALONG WITH ITS EMPLOYEES, AGENTS, OFFICERS, VOLUNTEERS AND DIRECTORS, SHALL NOT BE LIABLE FOR ANY PERSONAL INJURIES, LOSSES OR DAMAGES OCCURRING AS A RESULT OF PARTICIPATION IN BLUE RIDGE MOTION, ACTIVITIES, EXCEPT WHERE SUCH LOSS OR DAMAGE IS THE RESULT OF THE INTENTIONAL RECKLESS CONDUCT OF THE COMPANY OR IT AGENTS.

I agree to notify Blue Ridge Motion, or its representatives if I apprehend, believe or recognize that I, or the participant, cannot safely complete or does not understand any activity in which the participant is asked, directed or instructed to participate in.

I understand that this activity waiver and release of liability may be edited, revised or updated from time to time and that I may be required to execute a new one before continuing to participate in Blue Ridge Motion, activities.

Signature _____ Date: _____

ADMIN/Office Staff ONLY: [] Profile Added to Zen Planner? [] Membership Added to Zen Planner? [] Trial Class?

Release of Liability Waiver

By signing this document you will waive certain legal rights, including the right to sue.

I recognize that potentially severe injuries can occur in any activity involving height or motion including tumbling and related activities. I am aware that in addition to the usual dangers and risks inherent in the sport of gymnastics, parkour/Freerunning, tumbling, martial art movements, and any other Blue Ridge Motion activities, (hereafter known as, BRM.), certain additional dangers and risks are present when using a gymnastics facility including, but not limited to, the danger and risk of falling, jumping, landing, misdirected moves, performing tricks and colliding with other participants, staff, and spectators. **By signing this waiver, I freely accept and fully assume responsibility for all such dangers and risks and the possibility of personal injury, permanent paralysis, death, or loss resulting thereof.**

In consideration of being allowed to participate in any way in the Blue Ridge Motion sports program, I _____ the undersigned, acknowledge, appreciate, and agree:

1. To waive any and all claims for personal injury including death, permanent paralysis, illness, and/or property damage that I may have against BRM, it's partners, principals, directors, officers, affiliates, agents, employees, staff contractors, representatives, and any volunteers in any way associated with BRM all of whom are hereinafter collectively referred to as "the Releasees."
2. To release the Releasees from any and all liability for any loss, damage, injury, permanent paralysis, death, medical or other expense that I may suffer or that any other party may suffer as a result of my participation in BRM's sports program, and in transport to and from locations of events and other Releasees designated activities, due to any cause whatsoever.
3. To hold harmless and indemnify the Releasees from any and all liability for any property damage or personal injury to any third party, resulting from my use of any Blue Ridge Motion facilities and equipment or by my participation in the sport of gymnastics, parkour/freerunning, tumbling etc... and other Releasees activities.
4. This release of liability shall be effective and binding upon my heirs, next of kin, executors, administrators, successors, and assigns in the event of my personal injury including death, permanent paralysis, illness and/or property damage.
5. I agree not to take unreasonable risks while participating in classes and events and other Releasees activities, including but not limited to attempting skills or tricks that I am not qualified to perform safely or causing any other participants/spectators unreasonable risk of harm. Furthermore, I agree to follow correct safety procedures when using Blue Ridge Motion facilities, equipment and all Releasees activities away from the gym.
- 6.

I also expressly grant to the Releasees the right to film, videotape, photograph, record and make any reproductions of my physical likeness and voice, and the irrevocable right to perpetuity to use, display, and digitally enhance or alter in any manner, such likeness in any media.

I certify that I have read and understand this Release of Liability Waiver prior to signing it, and I am aware that by signing this Release of Liability Waiver I am waiving certain legal rights which I or my heirs, assigns, personal representatives, next of kin, executors, administrators, successors, and assigns, may have against the Releasees.

BRM shall have the right to impose any additional conditions which, in the opinion of the Releasees, will further the intent and legal rights and waivers provided herein.

This Release of Liability Waiver was made and executed in the state of Virginia and shall be governed by, enforced in, and construed in accordance with the laws of the State of Virginia.

I hereby consent to participating in programs at Blue Ridge Motion (BRM) as stipulated above.

Signature

Printed Name

Date

**FOR PARTICIPANTS OF MINORITY AGE
(under age 18 at time of registration)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above to the fullest extent of the law.

Signature

Printed Name

Date

**Elijah Bowen
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Elijah@BlueRidgeMotion.com
(540)577-0148**