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Tumbling class form

| Student Name(s) | D.O.B. | Level | Time | Day |
|-----------------|--------|-------|-------|-------------------|
| _____ | _____ | _____ | _____ | M T W Th F |
| _____ | _____ | _____ | _____ | M T W Th F |
| _____ | _____ | _____ | _____ | M T W Th F |

Name of Parent/Guardian: _____

Occupation: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #: _____ **E-Mail:** _____

Emergency #: _____

Known allergies: _____

_____ I understand that I must notify *Vega's Integrated Tumbling* in writing 15 days prior to dropping from the program or taking a leave of absence. If I do not notify *Vega's Integrated Tumbling* in writing, I will be responsible for the full month's fee, regardless of attending.

_____ I understand that all fees are non-refundable once a class has been attended once.

_____ (Release.) In consideration of the covenants and provisions of this Agreement, I forever release and discharge and hold *Vega's Integrated Tumbling*, its affiliates, representatives, employees, attorneys, and agents of and from any and all claims, debts, liabilities, demands, obligations, promises, acts, costs and expenses (including without limitation attorney's fees and costs), injuries, damages, actions, and causes of action of whatever kind or nature including, but not limited to, the releasers' negligence or non-willful acts or omissions, whether known or unknown, suspected or unsuspected, in connection with or relating to the instruction, activities, or services provided to the student.

I have read the above and sign this agreement voluntarily
(guardian or participant if above 17): _____

"Fear is only in the mind"