

SOAR ATHLETICS REGISTRATION FORM

Student Name: _____

Parent/Guardian: _____

Address: _____

Birthday: _____

Home Phone: _____

Cell: _____

E-mail: _____

Allergies/illness: _____

EMERGENCY CONTACT:

Name: _____

Relationship to student: _____

Contact Number: _____

Name: _____

Relationship to student: _____

Contact Number: _____

PAYMENT OPTIONS:

Payments can be made via cash, check, credit card, and or PayPal.

_____ A \$25.00 fee will be charged in the event of a returned check. All checks should be made out to Soar Athletics.

REGISTRATION FEE:

_____ A registration fee of \$50 will be charged annually from initial sign-up date.

TARDINESS:

_____ All students should arrive at least 5 minutes early for class. Arrivals more than 10 minutes late to class will not be allowed to participate. This is a safety concern and could result in an injury due to the student not being warmed up properly. Class will not be refunded for tardiness, it may be used as a make-up class which must be made-up within that month.

CONDUCT:

_____ Soar Athletics reserves the right to dismiss any student whose attitude or conduct is found to be inappropriate. Payment for class will not be refunded.

_____ Student MUST respect all coaches and fellow classmates.

_____ Parents must agree that while in the gym they are spectators ONLY. Please no side coaching.

DRESS CODE:

_____ All jewelry MUST be removed before class.

_____ No zippers or clothing that can snag on the silks.

_____ Class dress code consists of appropriate gym attire. This consists of tight fitting clothing so that it doesn't get caught on apparatus. Long leggings, tights, and leotards are highly recommended.

_____ Long hair must be tied back or braided.

_____ Please bring water and wear deodorant out of respect for classmates and to keep the apparatus clean.

PHOTO RELEASE:

_____ Soar Athletics reserves the right to post pictures/videos of students on social media and Soar Athletics website, brochures, posters, banners for advertisement purposes only.

MAKE-UP CLASSES:

_____ If a class is missed it **MUST** be made up within the same month. If the class is not made up before the end of the month, it will not be carried over to the next month and you will not be refunded. If you know of a class that will be missed when paying for that month, you will not be charged for that class. *Exceptions will be made for emergencies.

agents, employees, volunteers, representatives, affiliated entities, and all other persons, firms, corporations, associations or partnerships claiming by or through them, from any and all claims, actions, causes of action, demands, judgments, damages (including compensatory, general, special, consequential, and exemplary), liability or obligations of any nature or kind, whether known at the time or which may arise or become known later, which accrue on account of, or in any way arise out of or in connection with me or my child's activities with or at Denise Lloyd, including claims involving their own negligence.

3. I agree to indemnify and hold harmless Soar Athletics Central Florida LLC and its individual managers, directors, officers, agents, employees, volunteers, representatives, affiliated entities, and all other persons, corporations, or partnerships claiming by or through them, from and against any and all losses, liabilities, claims, obligations, costs, damages, and/or judgments directly or indirectly arising out of, or relating to, my child's/children's participation in any activities at Denise Lloyd, including for claims alleging Denise Lloyd's own negligence.
4. I understand that this agreement extends forever into the future and will have full force and legal effect each and every time my child/children visit Denise Lloyd whether at the current location or any other location or facility.

I have read the Soar Athletics Central Florida LLC Waiver and Release from any Claim of Responsibility or Damage and agree to all conditions.

Parent Name/Legal Guardian (Print): _____

Address _____

City _____ State _____ Zip _____

Phone Number: _____ Date of Birth _____

Signature _____ Today's date _____ (MM/DD/YY)

NAMES AND BIRTHDATES OF ALL CHILDREN UNDER 18 to be included with your signature

MINOR NAME #1 _____ BIRTHDATE _____ RELATION _____
First name, Last name mm/dd/yy

MINOR NAME #2 _____ BIRTHDATE _____ RELATION _____
First name, Last name mm/dd/yy

MINOR NAME #3 _____ BIRTHDATE _____ RELATION _____
First name, Last name mm/dd/yy

MINOR NAME #4 _____ BIRTHDATE _____ RELATION _____
First name, Last name mm/dd/yy

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Soar Athletics Central Florida LLC their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SACF"), I hereby agree to release, indemnify, and discharge SACF, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in Acrobatic Skills, Drama Skills, Aerial Arts Skills training and instruction activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slips and falls; falling from equipment; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards; strains, cuts, bruises, muscle soreness and fractures; musculoskeletal injuries including head, neck, and back; nerve damage; injuries to internal organs; the negligence of other participants or persons who may be present; transmissible pathogens or diseases; my own physical condition; and the risk of emotional and psychological injuries or physical damage associated with this activity. Traveling to and from shows, meets and exhibitions will raise the possibility of any manner of transportation accidents. In any event, if you or your child is injured, any medical assistance will be at your own expense. Furthermore, SACF personnel have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SACF from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of SACF's equipment or facilities, **including any such claims which allege negligent acts or omissions of SACF.**
4. Should SACF or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against SACF, I agree to do so solely in the state of Florida, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SACF on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at SACF. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name _____ Phone Number _____

Address _____ City _____

State _____ Zip _____ Email _____

Signature of Participant _____ Date _____

**Soar Athletics Central Florida LLC
PERPETUAL WAIVER AND RELEASE
(VALID FOR EACH AND EVERY DATE OF PARTICIPATION)**

We want you to have a great experience with us. However, for your protection and ours, you must read and agree to the provisions below before you are authorized to use our facilities and/or services. The different activities that are offered entail certain risks that simply cannot be eliminated without jeopardizing the essential qualities of the activity. If you are unable or unwilling to sign this Waiver and Release, you are welcome to enjoy yourself by watching others, but we cannot allow you to personally participate in any of our activities or actively use our facilities and/or services.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF SOAR ATHLETICS CENTRAL FLORIDA LLC. USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM SOAR ATHLETICS CENTRAL FLORIDA LLC. IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND SOAR ATHLETICS CENTRAL FLORIDA LLC HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

_____ (PRINT YOUR NAME) has read this Waiver and Release and agrees as follows:

1. I recognize and agree that: all risks can never be eliminated, and participating in the activities at Soar Athletics Central Florida LLC, involves inherent danger and potential risk of both minor and serious, temporary and permanent, bodily injury of any and all kinds, both caused by me and/or by others. In signing this release, I assume all risk for, and financial cost of, any and all injuries, and/or any damage, to my child/children.
2. On behalf of my minor child/children I fully, and forever waive, release and discharge Soar Athletics Central Florida LLC and its individual members, managers, directors, officers,