



AURORA TURNERS
A SOUND MIND IN A SOUND BODY

GYMNASTICS STUDENT REGISTRATION

Gymnast's Name: _____

D.O.B: _____

Parent/Guardian Name: _____

Turner Member Yes No

Email: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Cell Phone: _____

EMERGENCY CONTACT INFORMATION

MANDATORY FOR TEAM

Emergency Contact Name: _____

Emergency Phone: _____

Insurance Carrier: _____

Hospital (preferred): _____

Doctor's Name: _____

Allergies: _____

Previous Injury/Injuries (list all applicable): _____



PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK

In consideration of the services of Aurora Turners, their agents, owners, officers, volunteers, participants and employees, and all other persons or entities acting in capacity on their behalf (hereinafter collectively referred to as "Aurora Turners"), I hereby agree to release and discharge Aurora Turners, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that Gymnastics entail known and unanticipated risks which 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: Collision with other players, umpires, the walls or other fixed objects; falling down; my own equipment failure or the failure of other's equipment; my own or other's negligence; objects or conditions on the playing surface that may cause me to fall; broken bones; sprains; head, neck and back injuries; abrasions; and bruises.
Furthermore, Aurora Turners employees 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 may give inadequate warnings or instructions, and the equipment being used might malfunction.
2. I expressly agree and promise to accept and assume all of the risks exiting 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 Aurora Turners 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 Aurora Turners' equipment or facilities, **including such Claims which allege negligent acts or omissions of Aurora Tuners.**
4. Should Aurora Turners 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 to myself. I further certify that I have no medial or physical conditions which would interfere with my safety in this activity, or else I am will to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
6. In the event that I file a lawsuit against Aurora Turners, I agree to do so solely in the state of Illinois, and I further agree that the substantive law of that state shall apply in this action without regard to the conflict of law rules of that state.
7. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

By signing this document, I agree that if anyone 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 Aurora Turners on the basis of any claim from which I have released them herein.

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.

Signature of Participant: _____ Print Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date: _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

In consideration of _____ (PRINT minor's name) ("Minor") being permitted by to participate in its activities and to use its equipment and facilities. I further agree to indemnify and hold harmless from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____
(If notarization is necessary, please sign and stamp this side of form)

If injured, to which hospital would you like conveyance? _____