STUDENTS LAST NAME	FIRST	AGE	BIRTHDAY	BOY/GIRL
HOME PHONE		_ EMAIL		
ADDRESS		CITY		ZIP
MOTHER'S NAME		ALT PHONE		Who does the
FATHER'S NAME		ALT PHONE		student reside with?
				Mother Father
PERSON TO CONTACT IN AN E	EMERGENCY IF YOU C	CAN NOT BE LOCA	ATED:	Both
NAME		PHONE		Guardian 🗖

ELECTRONIC FUND TRANSFER AUTHORIZATION

I hereby authorize Eagle's Wings Athletics (The Company), to initiate entries to my checking/savings account at the financial institution listed below or my credit/debit card and, if necessary initiate adjustments for any transactions credited in error. This authority will remain in effect until the company and the financial institution has a reasonable opportunity to act on it.

Signature				Date		
Draft Date: 1st of the month 10th of the month						
		DATE	CLASS	DAY	TIME	
	TRIAL					
	CLASS					

Individuals receive a \$2	20 credit for referra	ls	
FOR OFFICE USE ON	ILY:	INNIAST	CS * CHEERLEADING * KARATE
REGISTRATION INDIVIDUAL □	TYPE: FAMIL	у 🛛 🌔	WINGS
PAID: \$	CHECK #	CC	CASH
REGISTRATION	ANNIVERSAR	Y:	

REFERRAL:

HOW DID YOU HEAR ABOUT US:

TLS	DLS	RLS	HH	EFT	RB	COMP

IN THIS DOCUMENT YOU WILL BE RELEASING AND INDEMNIFYING RELEASEES (DEFINED BELOW) FROM THE CONSEQUENCES OF THEIR OWN OWN POTENTIAL NEGLIGENCE.

RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the Eagle's Wings Athletics program, I represent that I understand the nature of gymnastics, cheerleading and martial arts ("Activity") and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releasees (defined below); and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for loss, cost, and/or damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Be-Mac, Inc., doing business as Eagle's Wings Athletics ("EWA"), its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one a "Releasee") from all liability, claims, demands, loss, or damages, caused or alleged to be caused in whole or in part by the negligence of the Releasees, or any of them, or otherwise, including negligent rescue operations resulting from the negligent acts or omissions of Releasees, or any of them, which may result or may in the future develop from any activities taking place in connection with the activity and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the Release of Liability, Assumption of Risk, and Indemnity Agreement, understand that this is made to induce EWA to allow my participation in the Activity and that, but for this release, EWA would not consent to such participation. I hereby give up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant

CLASS

Signature of participant

Date

CONSENT OF RESPONSIBLE PERSON

I, the parent and/or legal guardian of the participant, understand the nature of the above referenced activities and the minor's experience and capabilities, and I believe the participant to be qualified to participate in the Activity. I sign this Consent to induce EWA to allow my participation in the activity and that, but for this release, EWA would not consent to such participation. I hereby release, discharge, covenant not to sue and agree to indemnify, save, and hold harmless each of the Releasees from all liability, claims, demands, loss, or damages caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I hereby indemnity, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, damage, or cost any Releasee may incur as the result of any such claim. <u>I UNDERSTAND THAT I</u> <u>AM RELEASING AND INDEMNIFYING RELEASEES FROM THE CONSEQUENCES OF THEIR OWN POTENTIAL NEGLIGENCE.</u>

Printed name of Parent/or Legal Guardian

Signature of Parent/or Legal Guardian

Date

Please initial the following: I understand I have to give a 30 day written notice.

The EFT program was explained to me.