



**Deliver to Motion Matrix Business Office  
Before Participation Can Begin.**

<b><u>Step 1. Family Information / Parent / Guardian / Billing Contact</u></b>		FAMILY LAST NAME: _____
Parent #1 First Name: _____	Last Name: _____	
Address: _____	City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Parent #2 First Name: _____	Last Name: _____	
Address: _____	City: _____	State: _____ Zip: _____
Home Phone: _____	Cell Phone: _____	Work Phone: _____
Email: _____	How Did You Hear About Us? _____	
Emergency Contact Name: _____	Emergency Contact Phone: _____	

<b><u>Step 2. Participant Information</u></b>				
<b>1<sup>st</sup> Participant Information</b>				
First: _____	Last: _____	Nickname: _____	Birth date: _____	Sex: _____
<b>2<sup>nd</sup> Participant Information</b>				
First: _____	Last: _____	Nickname: _____	Birth date: _____	Sex: _____
<b>3<sup>rd</sup> Participant Information</b>				
First: _____	Last: _____	Nickname: _____	Birth date: _____	Sex: _____
<b>Special Medical Conditions/Allergies/Restrictions:</b>				

**RELEASE, ASSUMPTION OF RISK and WAIVER OF LIABILITY**

As the participant, or parent/legal guardian of a minor child under the age of 18, and/or one of the above named persons, acknowledge and recognize that potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to recreational and team gymnastics classes, tumbling, cheerleading, clinics, summer camps, private lessons, birthday parties, bring a friend, field trips, special education classes, competitions, Sensational Saturdays, Teen Nights, fundraising events, dance, conditioning, personal training and group fitness program, sport or physical activity. Being fully aware of these dangers, I voluntarily consent to the above named persons and participants participating in any and all programs at Motion Matrix, LLC. I acknowledge that if I believe activity or event conditions are unsafe, I will immediately discontinue participation in the activity.

I understand that it is the responsibility of the parent/legal guardian or adult participant to be aware and know and/or warn the participant of the dangers of injury. The parent/legal guardian should warn the participant according to what the parent guardian feels is age appropriate. Motion Matrix, LLC will only warn the participant thru safety messages, our instructions and teaching style.

In consideration for allowing my minor child and/or myself to use this facility or participate in any activity held there, I ASSUME AND ACCEPT ANY AND ALL RISKS associated with that participation. Further, I on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby COVENENT NOT TO SUE and FOREVER RELEASE Motion Matrix, LLC, its owners, officers and directors, employees or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by myself or my child while under the instruction, supervision or control of Motion Matrix, LLC. I do hereby assume full responsibility for any and all damages, injuries (including catastrophic injury or death) that I or my child may sustain or incur, if any, while participating in any program or event sponsored by Motion Matrix, LLC.

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE**

I, as the participant and/or parent and legal guardian of the participant confirm that the above named participants are in good health, proper physical condition, and are covered by medical insurance, and will continue to provide coverage while named persons and/or participants are enrolled.

I fully understand that Motion Matrix, LLC coaches and staff members are not physicians or medical practitioners of any kind, and that they do not employ, or contract with, or have on the premises, any medical services, provisions for emergency medical services. I hereby consent to Motion Matrix, LLC and its staff members to render temporary first aid to the above named participants in the event of any injury or illness, and if deemed necessary by the Motion Matrix, LLC staff, to seek medical help including calling of an ambulance for said named participants should the Motion Matrix, LLC staff deem it necessary. Additionally, I hereby agree to individually be financially responsible for any and all medical expenses, which may be incurred by named participants as a result of any injury sustained while participating at Motion Matrix, LLC.

**CONSENT**

I hereby give Motion Matrix, LLC absolute and irrevocable rights to use named persons and/or participants name, quotes, photographs, and videos to be used in print, digital or broadcast media as deemed appropriate for the promotion of Motion Matrix, LLC, without any compensation to me.

(Participant signs & dates only if 18 or over)

\*OR\*

(Parent signs if participant is under 18)

Participant Signature: \_\_\_\_\_

Parent/Legal Guardian PRINTED: \_\_\_\_\_

Parent/Legal Guardian SIGNED: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_