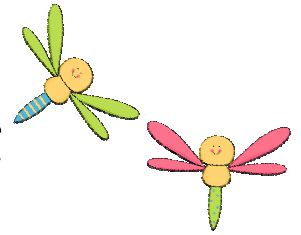




YOU'RE INVITED!

To Bring A Friend Week



At Motion Matrix Gymnastics
2051 NW Hawthorne Ave, Grants Pass, OR
(corner of NW Hawthorne & NW Morgan)

541-956-4485 * office@MotionMatrixKids.com * www.MotionMatrixKids.com

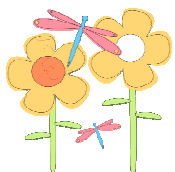
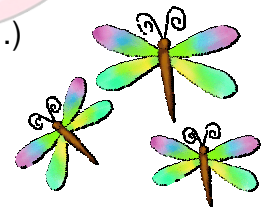
Participating is Simple!

- Come to your friend's gymnastics class with them during their regular class time & day during the week of **February 23rd—27th**. You and your friend should be close in age so that you're in the right class! *(Competitive team has a different schedule. If your friend is member of Team Matrix, please ask them, or call for their schedule.)*
- After class you and your friend get to spin the prize wheel; every spin's a winner!
- There's no cost for you to participate & no obligation to sign up!
- But in case you love us and DO want to sign up, all friends will receive a coupon good for 1/2 off one month's tuition in a gymnastics class (registration not included); our way of saying "Thanks for coming"!

Class Rules & Super Important Stuff!

We have safety guidelines in place to protect the children, our staff, and our equipment and facility. Please read and adhere to the following rules:

- ATHLETIC CLOTHING ONLY! No buttons, zippers, denim, jeans, studded garments or sequins.
- Leotards with NO SKIRTS are great for girls!
- NO jewelry (other than stud earrings).
- Hair tied back (so as to not whip into the eyes)
- Bare feet ONLY (no tights or socks)
- Adult & siblings are NOT permitted in the gym area, (unless you are an adult participant with signed waiver on file).
- Bring a water bottle. NO GLASS! (We have bottled water for sale at the gym.)
- Please NO flash photography in the gym.
- Siblings should not run or horseplay in the parent area.
- Please be punctual for class.



Everything is Better When You Bring Your Friends!



FAMILY LAST NAME: _____

General Participant Waiver

For (but not limited to): Risk-Free Trial, Classes, Clinics, Camps, Private Lessons, Birthday Parties, Field Trips, Sensational Saturday, Teen Nite, Fundraising Events, Community Events & General Facility Use

Step 1. Family Information / Parent / Guardian / Billing Contact

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? _____

100% of our communication regarding class information is via email!

Emergency Contact Name: _____ Emergency Contact Phone: _____

Step 2. Participant Information

Whose guest were you during *Bring a Friend Week*? _____

1st Participant Information

First: _____ Last: _____ Nickname: _____ Birth date: _____ Sex: _____

2nd Participant Information

First: _____ Last: _____ Nickname: _____ Birth date: _____ Sex: _____

3rd Participant Information

First: _____ Last: _____ Nickname: _____ Birth date: _____ Sex: _____

ANYTHING WE SHOULD KNOW ABOUT THE PARTICIPANT(S)?

RELEASE, ASSUMPTION OF RISK and WAIVER OF LIABILITY

As the participant, or as a parent/legal guardian of a minor child under the age of 18 who will be participating in activities at Motion Matrix, I acknowledge and recognize that potentially severe injuries, including permanent paralysis or death can occur in such activities. I am fully aware of these dangers and, on behalf of myself and/or my minor child, I voluntarily consent to the above named participants participating in any and all programs at Motion Matrix, LLC. I agree to notify Motion Matrix, LLC, immediately in the event that I believe an activity or event conditions are unsafe for the participant and agree to immediately discontinue my/my child's participation in the activity. I acknowledge that it is my responsibility to be aware of the potential for injury and to warn my child of the dangers or risks of injury from any activities. I acknowledge that employees of Motion Matrix, LLC may also warn the participant through safety messages, instructions and teaching, but that such warnings shall be in addition to and not a substitute for my obligation to protect myself/my child from injury.

In consideration for allowing me/my minor child to use this facility and participate in Motion Matrix activities, I hereby ASSUME AND ACCEPT ANY AND ALL RISKS associated with that participation. Further, I on my own behalf and/or 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 hereby assume full responsibility for any and all damages, injuries (including catastrophic injury or death) that I or my child may sustain or incur while participating in any program or event sponsored by Motion Matrix, LLC. In addition, in the event that any claim is asserted against Motion Matrix, LLC, as a result of my participation or my child's participation in any activity, I agree to indemnify and defend Motion Matrix, LLC, from any such claim and agree to hold Motion Matrix, LLC, forever harmless.

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 and proper physical condition for any activities in which the participant will participate. I further confirm that the participant is covered by health insurance, and that the participant will be continuously covered while enrolled in any activities at Motion Matrix, LLC.

I acknowledge that coaches and staff members working for Motion Matrix, LLC, are not physicians or medical practitioners of any kind, and that it does not employ any medical professionals or maintain medical provisions on-site. I hereby consent to Motion Matrix, LLC, and its staff members, providing 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, authorize them to request further medical assistance, including, as appropriate, calling of an ambulance or emergency personnel. I hereby agree to 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 by administration for the promotion of Motion Matrix, LLC, without any compensation to me. Such materials are property of Motion Matrix, LLC and will not be sold or shared for other purposes.

(Sign for yourself here if over 18 years old)

Participant PRINTED: _____

Participant SIGNED: _____

Date: _____

(Sign for your child here)

Parent/Legal Guardian PRINTED: _____

Parent/Legal Guardian SIGNED: _____

Date: _____