



4 Ways to find
out more!

1. www.legawinder.com
2. 678-975-7469
3. frontdesk@legawinder.com
4. Facebook at Leading Edge Gymnastics (Winder)

Child's Name _____ Age _____ Date of Birth _____ Phone _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Father's Name _____ Cell Phone _____

E-mail _____

Any medical problems we should be aware of? _____

How did you hear about us? _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of _____, I hereby consent to the above person's participation in Leading Edge Gymnastics Academy pro-grams. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or mo-tion, including gymnastics and related activities.

I understand that it is the express intent of Leading Edge Gymnastics Academy to provide for the safety and protection of my child, and, in consideration for allowing my child to use these facilities, I hereby forever release Leading Edge Gymnastics Academy, its officers, employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of The Gymnas-tics Center or its employees.

As a legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, Leading Edge Gymnastics Academy.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian's Signature _____ Date _____

Photograph/ Media Consent and Release

I hereby consent and authorize an employee of Leading Edge Gymnastics Academy to take photographs or motion pictures of my child; or to produce videotapes, pictures or other types of media productions that capture their name, voice and or image. I authorize Leading Edge Gymnastics Academy to use, reuse, copy, publish, display, exhibit, these materials in any educational or promotional materials or other forms of media, which may include, but are not limited to brochures, advertisements, websites or publications, electronic or otherwise, without notifying me.

Class Information

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Annual Registration Fee: \$40

Class Fee(s) _____

Total _____

Make checks payable to LEGA