



# BROWN'S GYMNASTICS

## Spring Break Day Camp!



- ❖ Girls & Boys ages 4 – 13 years are invited
- ❖ Drop off between 7:30 – 9:00 a.m.
- ❖ Pick-up between 3:30 – 5:30 p.m.
- ❖ Daily Gymnastics Instruction
- ❖ Indoor Sports Activities, Games, & Obstacle Courses
- ❖ Arts & Crafts Period
- ❖ Bring your own lunch, snacks, & drinks
- ❖ Don't forget \$\$\$ for ICEE's and Ice Cream!
- ❖ 10% OFF 2<sup>nd</sup> Child

<u>Prices</u>	
\$150.....	5 Full Days
\$100.....	3 Full Days
\$40.....	1 Full Day
\$20 Registration for Non-Members (\$15.00 for additional children)	

I hereby authorize the staff of Brown's Gymnastics Camp to act for me according to their best judgment in any emergency requiring medical attention & hereby waive & release the camp staff and Brown's Gymnastics from any and all liability for any injuries and illness incurred while at the camp. I understand that participation in gymnastics and various sports activities involves motion and as such carries with it the risk of injury. The camp is not responsible for personal items that are lost, stole, or damaged. All medical expenses incurred will be the responsibility of the camper's family. In lieu of medical certificate signed by a medical doctor, I have no knowledge of any physical or medical impairment that would be affected by the named camper's participation in the camp program. I also understand the Camp retains the right to use any photographs, videotapes, motion picture recording, or any other record of this event for publicity, advertising, or any legitimate purpose.

Child's Name: \_\_\_\_\_ Age: \_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Male \_\_\_ Female \_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work # (Mother): \_\_\_\_\_ (Father): \_\_\_\_\_

**PLEASE CIRCLE DESIRED CAMP DAYS BELOW**

**MARCH: 17 18 19 20 21**

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Payment Method: CREDIT CARD CHECK CASH

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_



**Visa & Master Card Accepted – No Refunds Available For Day Camp**

*Please see reverse side of this form for participation waiver! Thank you!*



Registration fee: \$20.00 1<sup>st</sup> child & \$15.00 2<sup>nd</sup> child (If not currently enrolled in Brown's Gymnastics)  
21750 Hardy Oak Blvd. San Antonio, TX 78258 Phone 210-497-5000



# BROWN'S GYMNASTICS – SAN ANTONIO

21750 Hardy Oak Blvd.

(210) 497-5000

www.brownsngym.com

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in the **BROWN'S GYMNASTICS SPRING BREAK DAY CAMP** I represent that I understand the nature of this 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” named 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 losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Brown's Gymnastics, 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 of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations and future 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 AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given 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.

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

Printed name of participant

### PARENTAL CONSENT:

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby Release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account 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 WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

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

Printed name of Parent/or Legal Guardian

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

Signature of Parent/or Legal Guardian