

Bring-A-Friend



My Name: _____

Age: _____ Date of Birth: _____

Class Day/Date: _____ Class Time: _____

Parent's Name: _____

Parent's Cell #: () _____

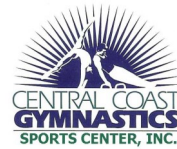
The first & last name of the child from the CCG family who referred me to CCG: _____

It's as easy as 1, 2, 3! See below:

1. Call to set up a trial class day and time.
2. Please sign the back of this form & present when you come to your trial class.
3. Receive a \$15 discount when you enroll for classes. Referring families get \$15 account credit.

Call CCG to set up your class at #(805) 549-8408
www.iflipforCCG.com 21 Zaca Lane #100-SLO

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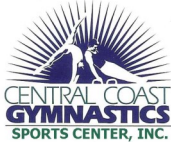
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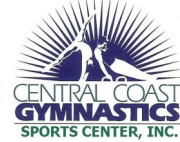
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Participants Name _____ **Age** _____

In consideration of participating in any activities at Central Coast Gymnastics Sports Center, Inc., I represent that I understand the nature of this activity and that (participant's name) _____ is 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 "releases" 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 Central Coast Gymnastics Sports Center, Inc., 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 "releases" 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 "releases" 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 "releases," I will indemnify, save, and hold harmless each of the "releases" from any loss, liability, damage, or cost, which 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.

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 INDEMNITY AND SAVE AND HOLD HARMLESS each of the "releases" 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 "releases" or otherwise, including negligent rescue operations, 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 "releases," I will INDEMNIFY, SAVE AND HOLD HARMLESS each of the "releases" from any litigation expenses, attorney fees, loss liability, damage, or cost any "release" may incur as the result of any claim.

Printed name of parent/guardian _____

Signature _____ **Date** _____

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