

Trial Date: \_\_\_\_\_  
Trial Class: \_\_\_\_\_  
Follow-up Date: \_\_\_\_\_



Family Last Name: \_\_\_\_\_

## General Participant Waiver

### 1. Family Information / Parent / Guardian / Billing Contact / Adult Participant

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 / Parent-Tot Parents Are Participants Also

#### 1<sup>st</sup> Participant Information

First: \_\_\_\_\_ Last: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

#### 2<sup>nd</sup> Participant Information

First: \_\_\_\_\_ Last: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

#### 3<sup>rd</sup> Participant Information

First: \_\_\_\_\_ Last: \_\_\_\_\_ Nickname: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

### ANYTHING WE SHOULD KNOW ABOUT PARTICIPANT(S)

THE SIX AGREEMENTS below pertain to participation at and for Motion Matrix and its respective officers, employees, volunteers, subcontractors, tenants and other agents. Acceptance of these six agreements is required to enroll in any Motion Matrix program.

1. CONSENT TO PARTICIPATE FOR MINORS AND ADULTS

As the parent(s) or legal guardian(s) of the student(s) named above, and/or as an adult participant, I hereby consent to all participation in any and all programs at or for Motion Matrix.

2. PERPETUAL COVENANT NOT-TO-SUE

In consideration for my child(ren)'s or my participation at Motion Matrix, I hereby, for myself and/or my child(ren) and our respective heirs and successors,

PROMISE NOT-TO-SUE and FOREVER RELEASE Motion Matrix from all liability resulting from damages or injuries incurred as a result of participation at or for Motion Matrix. This includes acts of ordinary negligence. I understand that this PERPETUAL COVENANT NOT-TO-SUE will apply to EACH AND EVERY OCCASION that my child(ren) or I visit or participate at Motion Matrix and that this agreement remains in force until I revoke it in writing.

3. ASSUMPTION OF RISK

I acknowledge that sports and activities involving height, motion or inversion including but not limited to gymnastics, trampoline, cheerleading, ninja, parkour, martial arts, dance, and general physical fitness carry the risk of severe injury, including paralysis or death. I acknowledge the contagious nature of certain bacteria and viruses, including, without limitation, COVID-19, and voluntarily assume the risk that my child(ren) and/or I may be exposed to or infected by such bacteria or viruses by attending Motion Matrix and that such exposure or infection may result in personal injury, illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Motion Matrix may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Motion Matrix employees, volunteers, and program participants and their families. I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s or my attendance at Motion Matrix or participation in Motion Matrix's programming.

4. SUPERVISION OF MINORS BEFORE AND AFTER CLASS

I acknowledge that Motion Matrix is not a drop-off facility and is not equipped to supervise my child(ren) before and after class and I agree to remain onsite with my child unless I have been instructed otherwise.

5. MEDICAL AUTHORIZATION AND INDEMNIFICATION FOR POSSIBLE FUTURE MEDICAL EXPENSES

In the event of a medical emergency I authorize that my child(ren) and/or I be transported to a medical facility for treatment and I hold Motion Matrix harmless in the execution of such. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child(ren) or me as a result of any injury sustained while visiting or participating at or for Motion Matrix.

6. PHOTO AND VIDEO RELEASE

I grant my permission to Motion Matrix to use my children(s), or my image, likeness or sound of voice in publications, social media and other media used by, produced by or contracted by Motion Matrix. I understand I will not receive payment or other compensation for the use of any image or recording.

Parent/Legal Guardian/Participant SIGNATURE: \_\_\_\_\_

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