



Athletic Edge Sports Center
 10 Nassau Place
 Staten Island, New York 10307
 Phone (718) 608-0100
 Fax (718) 608-0109
 Web Address:
 Athleticedgeny.com

2017/2018 ADULT WAIVER CONTRACT

Please read, fill out and initial all sections completely. Please write clearly.

FIRST NAME _____ LAST NAME _____ DOB _____
 ADDRESS _____ ZIP CODE _____ MOBILE # _____
 EMERGENCY CONTACT NAME _____ PHONE _____ RELATIONSHIP _____

EMAIL ADDRESS REQUIRED (Please list an email address you'll check daily): _____

PAYMENT:

The fee to enter open gym is \$10, which must be paid in CASH only. No other payment method will be accepted. **Initial here**

MEDICAL:

We suggest that all gymnasts and athletes have a medical examination before participating in gymnastics and all activities and the sports center should be made aware of any allergies, ailments or handicaps in *writing*. **Initial here**

PHOTO RELEASE:

I hereby authorize Athletic Edge Inc. to publish photographs taken of myself for the use of print, online and video based marketing material, as well as other company publications (Athletic Edge Website, Social Media; Facebook, Twitter etc.) **Initial here**

ALCOHOL/DRUG INVOLVEMENT:

Possession, sale or use of alcohol, narcotics or any other intoxicating drug on the company's premises or being under the influence of alcohol, narcotics or any other intoxicating drugs will result in immediate removal. **Initial here**

WAIVER & RELEASE:

I am aware that in addition to the usual dangers and risks inherent in the sport of Gymnastics, Cheerleading, Martial Arts and Trampoline, certain additional dangers and risks are present when using Athletic Edge Sports Center Inc. Facilities, Gymnastic Equipment and Trampoline, including, but not limited to, the danger and risk of falling, landing, performing tricks, and colliding with other students, staff, media personnel and spectators. By signing this waiver, I freely accept and fully assume responsibility for all such dangers and the possibility of personal injury, death, property damage or loss resulting there from. Athletic Edge is not responsible for lost, damaged or stolen items.

I, hereby certify that I am covered by my own medical insurance, and that I have read and understand this release of liability prior to signing it, and I am aware that by signing the release of liability, I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the releases. **Initial here**

SIGNATURE OF PARTICIPANT _____ **DATE** _____

PRINT NAME OF PARTICIPANT _____