



LEGACY GYMNASTICS CLUB

REGISTRATION & MEDICAL WAIVER FORM

Abu Dhabi, UAE | +971 54 245 0444 | contact@legacygymnasticsuae.com

STUDENT INFORMATION

Student Name: Gender: Male Female
Date of Birth (DD/MM/YYYY): Age:
Nationality: Student Emirates ID:
Health Information / Medical Conditions:

PARENT / GUARDIAN INFORMATION

Father Full Name: Mother Full Name:
Guardian: Father Mother Other Guardian EID:
Primary Phone: Email:
Secondary Phone:

How did you hear about us?

REGISTRATION SIGNATURE

I confirm that the above information provided is true and accurate.

Parent/Guardian Full Name: Date:

Signature:

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Please read carefully — by signing below the parent/guardian confirms they have read, understood, and agreed to all clauses.

I, the undersigned, in the capacity of parent/guardian, hereby give consent to my child(ren), as named above and herein referred to as "my child," becoming a member of and training at Legacy Gymnastics Club (operating under LEGACY GYMNASTICS CLUB L.L.C.) from the date outlined on this form.

(1) As a member of Legacy Gymnastics Club, I consent to my child participating in all activities and events organised or attended by Legacy Gymnastics Club.

(2) I have received, read, and understood the "Gym Rules and Safety Guidelines" by Legacy Gymnastics Club. I will ensure that I explain the "Gym Rules and Safety Guidelines" to my child and all persons accompanying my child to the gym. I also ensure that my child and all persons accompanying my child will obey the "Gym Rules and Safety Guidelines" whilst on the facility premises.

(3) I understand that Legacy Gymnastics Club reserves the right to deny access to its facilities if my child is deemed by the management of Legacy Gymnastics Club to have failed to comply with the "Gym Rules and Safety Guidelines" and/or instructions given or if it considers that my child is unfit and/or an immediate risk to others.

(4) I waive, release, and discharge liability to Legacy Gymnastics Club, its employees, volunteers, and representatives for personal injury or any accident caused as a result of my child's negligence or as a result of my child disobeying instructions and/or the "Gym Rules and Safety Guidelines" whilst participating in an activity/event.

(5) I hereby declare that I now have and will continue to provide personal health and accident insurance for my child, covering injury treatment in the event an accident happens during an activity/event organized by Legacy Gymnastics Club. I understand that participation in gymnastics and related activities involves motion, rotation, and height in a unique environment and, as such, carries with it the risk of injury. I am voluntarily allowing my child to participate in this activity with knowledge of risk, including but not limited to accident, personal injury, injuries unknown and unanticipated, paralysis, partial or permanent disability, and death.

(6) I hereby state that my child has no mental or physical conditions that prohibit participation in gymnastics. I also agree to inform Legacy Gymnastics Club of any condition that Legacy Gymnastics Club's staff should be aware of in dealing with the student during normal activities or in case of any emergency.

(7) Should the need arise, I hereby give my consent to Legacy Gymnastics Club, its employees, volunteers, and representatives to provide medical treatment or seek medical help, including transportation, which may be deemed advisable in the event of injury, accident, and/or illness during participation at an activity/event.

(8) I hereby waive, release, and discharge liability to Legacy Gymnastics Club, 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, for personal injury or any accident whether caused by the act, omission, negligence, or fault, active or passive, direct or indirect, of any of the Legacy Gymnastics Club employees, volunteers, and/or representatives, or from any other cause. I hereby also agree not to institute any form of legal proceedings in any jurisdiction against Legacy Gymnastics Club.

(9) I understand that no responsibility will be accepted by Legacy Gymnastics Club for any loss or damage to the property or valuables of my child.

(10) I authorize Legacy Gymnastics Club to take, post, record, broadcast, distribute, and communicate publicly any photographs taken or videos recorded of my child while participating in all activities and events organized or attended by Legacy Gymnastics Club, and to reproduce, in whole or in part, those images/videos or photographs, whether individually or in conjunction with other images/videos, and incorporate them into brochures, advertisements, or any other promotional and informational materials or via the internet, without temporal or geographical restrictions and without the right to any compensation or remuneration from Legacy Gymnastics Club.

(11) I agree to keep my child home if they or anyone in my family is coughing, has a temperature of/over 37.5 degrees, or is exhibiting other COVID-19 symptoms.

(12) I further understand that I am voluntarily allowing my child to participate in programs and activities offered by Legacy Gymnastics Club, knowing that it is impossible to keep them, myself, or anyone else who enters the gym completely safe from exposure to the COVID-19 virus. I accept that risk.

(13) I am aware that spotting is an essential part of coaching gymnastics in order to keep the athletes safe and to prevent injury. I understand that spotting for guidance is used when needed to orientate or position the athlete so they can replicate movements. I understand that spotting for safety is used when needed to reduce the risk of injury or an error in performance, with the goal of designing and using safe progressions as often as possible. I am aware that my child will be spotted by both male and female coaches. If, due to religious concerns, I do not allow my daughter to be spotted by a male coach, I then agree that my daughter will not perform the specific exercises that require spotting for safety reasons from the male coach, and I understand that this might affect her progress in the gymnastics activity.

(14) I understand that makeup classes can be offered depending on availability due to limited class capacity. Makeup classes must be booked at least 48 hours prior to the start of the class, and the booking has to be confirmed before attending the makeup class. The makeup classes, if available, will be done during the same term. Missed sessions will not be rolled over to the next term. Absence of a class has to be announced two and a half hours (2.5 hours) at the latest before the beginning of the class. No makeup classes are allowed for unannounced absences.

(15) I understand that the fees are nonrefundable with the exception of extraordinary circumstances (in case of injury or illness and subject to submission of a medical certificate).

(16) I understand that these procedures will change and evolve over time and that I will follow any new standards required by Legacy Gymnastics Club.

(17) These Terms and Conditions are governed by UAE law. Any disputes arising out of these Terms and Conditions shall be subject to the exclusive jurisdiction of the Courts of UAE.

MEMBERSHIP DECLARATION

I have read and confirm that I understand the accident waiver and release of liability form and agree to its terms and conditions.

I have read and confirm that I understand the gymnasium rules and safety guidelines and agree to its terms and conditions.

I give permission for photos and videos of my child to be used on the club's social media platforms.

I do not give permission for photos and videos of my child to be used on the club's social media platforms.

WAIVER SIGNATURE

Parent/Guardian Full Name:

Date:

Signature: