



**VIKING GYMNASTICS LTD.
MINOR CHILD RELEASE**

We hereby represent that we are the parents/legal guardians of the below named child and we consent to our child participating in the gymnastics and dance training programs and other activities of Viking Gymnastics LTD ("Viking"). We make this election with full knowledge that such activities may create a risk of harm or injury to our child and that gymnastic and dance activities are inherently dangerous.

We, on behalf of ourselves and individually of our child, (the "Indemnifying Parties"), hereby indemnify, release, hold harmless, covenant not to sue and forever discharge, to the fullest extent permitted by law, Viking Gymnastics LTD. ("Viking") and its related incorporated or unincorporated entities, affiliates or connectional organizations, their owners, agents, employees, officers, directors, affiliates, volunteers, successors, and assigns, (each an "Indemnified Party") of and from any and all claims, demands, expenses, personal injury, wrongful death, causes of action, lawsuits, damages (including punitive, special, consequential, indirect, exemplary or incidental damages) (the "Claim" or "Claims"), losses, actual attorneys fees, costs, expenses, liabilities and settlement amounts and liabilities of every kind and nature, whether known or unknown, in law or equity ("Loss" or "Losses") that we or our child ever had or may have arising from or out of or directly or indirectly related to our child's participation in any gymnastic and dance training or activities and all other programs, trips or activities, sponsored or conducted by, or for the benefit of Viking regardless of when the Loss or Claim is asserted, provided however, that the Indemnifying Party shall not have any obligation hereunder in respect of Losses or Claims incurred solely by reason of the gross negligence or willful misconduct of the Indemnified Parties.

We further agree to assume all risks associated with the participation of our child in the above activities. We have had an opportunity to ask questions about the above listed activity(ies), and any questions we have asked have been answered to our complete satisfaction. The nature of the activity(ies) has been fully disclosed to us and we have had the opportunity to decline participation. We understand the risks of our child's participation in the activity(ies) and knowing and appreciating these risks, we voluntarily choose to allow our child to participate, assuming all risks of injury or death due to our child's participation.

We further acknowledge, understand, appreciate and agree that our child's participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure.

We have advised Viking, in writing, of any and all physical limitations of our child which may limit the ability of our child to safely participate in the activities described above.

In the event that we cannot be reached or circumstances require an immediate response, we authorize and direct any representatives of Viking to obtain emergency medical treatment for our child and we agree to be financially responsible for such medical care.

We hereby give Viking Gymnastics, LTD, its agents and/or assignees permission to use, reuse, publish, and republish the names, photographs, and/or videos taken of our child or ourselves for publicity and promotional purposes.

This Release is governed by the laws of the State of Illinois and is intended to be as broad and inclusive as is permitted by law. If any provision of this Release is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective. This Permission and Release contains the entire agreement between the parties and may not be modified except in writing, signed by the parties against whom the proposed modification is asserted.

Name of Child _____

We are the parents or legal guardians of the above named child, are of lawful age and legally competent to sign this Permission and Release. We understand the terms of this Permission and Release and we have signed it of our own free will.

Date: _____

Signature of Parent/Legal Guardian

Printed Name

Date: _____

Signature of Parent/Legal Guardian

Printed Name



TUITION POLICY

Tuition is due on or before the first of the month. Effective as of June 1, 2014, all Viking Gymnastics, LTD. (hereinafter "Viking") members must have a credit card on file for tuition to be charged automatically at the first of the month. If tuition is not paid by the second class, your child will not be allowed to continue attending the class until tuition payment has been received. You are responsible for payment **WHETHER OR NOT YOUR CHILD ATTENDS CLASS**. If your child stops attending class prior to Viking receiving written notice, your account will be charged for one month's tuition. This charge will be for holding the student's place in that class which prevents us from being able to offer it to another student.

- We understand the Viking tuition policy and authorize Viking to charge our credit card the monthly tuition fee due at the first of the month. If we wish to pay by another method it is our responsibility to do so prior to the first of the month.

_____ Signature Required	_____ Date	_____ Signature Required	_____ Date
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Viking requests a WRITTEN notice if you will need to take time off from your child's current class- a form can be picked up at the front desk. This will release your space in the class. We cannot guarantee there will be a space available in the same class when you return.

Initial here _____ date _____

Should Viking temporary close for any unforeseen reason, including but not limited to Covid-19, fire, water damage, classes will continue virtually until Viking is able to resume its regular schedule.

Initial here _____ date _____

We acknowledge that there is a \$40 annual membership fee per family that is required for students to participate in classes that will be billed annually in September. Membership fee is prorated as follows depending on when your family begins classes:
Sept-Nov \$40, Dec-Feb \$30, March-May \$20, and June-Aug \$10.

Initial here _____ date _____

MAKE-UP POLICY

Students will miss class on occasion for various reasons. Viking must be notified **PRIOR** to the class that the student will not be attending in order to be eligible to receive a make-up. Notification can be via the Parent Portal, telephone, email, or in person. To participate in a make-up, the child must be actively enrolled in a class and a class space must be available. Gymnastics make-ups may only be scheduled in the same level your student is current enrolled. Dance make-ups may be scheduled in classes of the same age level, any genre. During recital season, dance make-ups may only be scheduled in non-recital classes or those where the same dance is being performed. A make-up may be scheduled one year from the date of the absence.

Initial here _____ date _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian _____	Contact Telephone # _____	Email _____
Parent/Guardian _____	Contact Telephone # _____	Email _____
Address _____	City _____	State _____ Zip Code _____
Name _____	Relationship _____	Contact Telephone # _____
Name _____	Relationship _____	Contact Telephone # _____

MEDICAL INFORMATION

Student Name _____ DOB _____

Medical Insurance Company _____

Group Number _____ ID Number _____

Medical History (if pertinent) _____

allergies, present medications, special considerations: _____