

# Gymlingo Academy, LLC

24 S. Main St. Oconomowoc, WI 53066 262.354.0071 www.gymlingo.com

## 2007/2008 Season New Member Registration

Adult

PLEASE NOTE: Class fees are due on the 20th of each month. A \$5 late fee will be charged to your account after the 1st. To withdraw from a class Gymlingo must have written notification no less than two weeks prior to the withdrawal date. You are responsible for class fees through the two week notice. \_\_\_\_\_ (initial)

### Student Information

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

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work /Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Previous foreign language experience(Chinese class only): \_\_\_\_\_

### Second Student

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

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Previous foreign language experience(Chinese class only): \_\_\_\_\_

### Medical Information

Please list any prior injuries, allergies, chronic ailments or other health concerns our staff should be informed of. If none, write "none."

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

How did you hear of the program?

Other \_\_\_\_\_

### Fees

Membership Fee \_\_\_\_\_

First Student Class Fee \_\_\_\_\_

Second Student Class Fee \_\_\_\_\_

(fee) \_\_\_\_\_ Less 15%

Total Payment Due: \_\_\_\_\_

10% off for senior to take Tai Chi or Chinese class.

Friend referral \_\_\_\_\_

Please see other side--->

## Please Read Carefully

### RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

In consideration of participating in Gymlingo Academy, LLC activities

I, \_\_\_\_\_ represent that I understand the nature of this Activity and that I am 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 of 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 “releasers” 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 Gymlingo Academy LLC, 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 “Releasers” 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 “releasers” or otherwise, including negligent rescue operations and in the 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 Releasers, I will indemnify, save, and hold harmless each of the Releasers 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 is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
Signature of participant

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