

## ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

As parent or legal guardian of \_\_\_\_\_, I hereby consent to the aforementioned person participating in the AWTT Programs. I recognize that potentially severe injuries, including but not limited to, permanent paralysis or death can occur in any activity involving height or motion, including dance, gymnastics and related activities on gymnastics apparatus including trampoline and tumble track.

I understand that it is the express intent of AWTT to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities. I hereby forever release AWTT, its officers, employees, teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of AWTT.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for AWTT.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily to its content and intent.

\_\_\_\_\_  
Signature of Parent or legal guardian

\_\_\_\_\_  
Date

### AWTT POLICIES

1. Payment is expected the first day of each month or per session. A \$20.00 late fee will be assessed if payment is late.
2. One missed class per month is allowed to be made up. This make-up day is the last Saturday of the month, unless otherwise notified.
3. Drop out: A two week notice is required to discontinue billing. Status change forms are available at the front desk.
4. **NO REFUNDS** for REC STUDENTS for withdrawal or absence.
5. **NO REFUNDS TO TEAM MEMBERS** for withdrawal or absence
6. **NO REFUNDS** of registration fee for any reason.

*I have thoroughly read and completely understand these policies stated above.*

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date