

Tuition is due by the 5th of every month. I understand that there will be a late fee of \$10.00 added to my account if payment is not received as specified. There are no prorating of fees for days missed or holidays.

INSURANCE CO. _____ POLICY # _____

WE, THE UNDERSIGNED, PARENTS OR LEGAL GUARDIANS OF THE APPLICANT WHOSE NAMES APPEARS ABOVE RECOGNIZE THAT THERE IS A SUBSTANTIAL RISK OF POSSIBLE CATASTROPHIC INJURY AND/OR PARALYSIS ARISING FROM THE APPLICANTS PARTICIPATION IN THE PROGRAMS OF HAYDENS INTERNATIONAL GYMNASTICS ACADEMY. THEREFORE, IN CONSIDERATION OF SUCH APPLICANTS IN THE INSTRUCTIONAL RECREATIONAL PROGRAMS OF HAYDENS INTERNATIONAL GYMNASTICS ACADEMY DO HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE SAID HAYDENS INTERNATIONAL GYMNASTICS ACADEMY, ITS OFFICERS, INSTRUCTORS, EMPLOYEES AND REPRESENTATIVES FROM ANY AND ALL LIABILITY, LOSS OR DAMAGE. INCLUDING REASONABLE ATTORNEYS FEES RESULTING FROM CLAIMS, CAUSE OF ACTION, DEMANDS, COST OF JUDGEMENT AGAINST THE SAID HAYDENS INTERNATIONAL GYMNASTICS ACADEMY, ITS OFFICERS, INSTRUCTORS, EMPLOYEES, WITHOUT LIMITATIONS. ANY INJURY ILLNESS OR ACCIDENT, TO SUCH APPLICANT, ARISING FROM SUCH APPLICANTS PARTICIPATION IN ANYWAY IN ANY PROGRAM, COURSE OF INSTRUCTION, OR TRAVEL WITH THE SAID HAYDENS INTERNATIONAL GYMNASTICS ACADEMY. WE FURTHER EXPRESSLY GIVE A MEMBER OF THE HAYDENS INTERNATIONAL GYMNASTICS ACADEMY STAFF THE POWER TO CONSENT FOR MEDICAL TREATMENT DURING AN EMERGENCY SITUATION FOR HEALTH AND SAFETY FOR MY CHILD, IN THE EVENT THAT I/WE CAN NOT BE IMMEDIATELY CONTACTED.

I HAVE READ AND AGREE TO THE ABOVE LISTED TERMS.

PARENT/GUARDIAN

SIGNATURE _____

DATE _____