

# InterActive Academy Registration Form



**LAST NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street City Zip Code

Participant #1 Name: \_\_\_\_\_ Gender:  M  F Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Participant #2 Name: \_\_\_\_\_ Gender:  M  F Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Participant #3 Name: \_\_\_\_\_ Gender:  M  F Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Participant #4 Name: \_\_\_\_\_ Gender:  M  F Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Participant #5 Name: \_\_\_\_\_ Gender:  M  F Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If a child is participating in the Tiny Twinkler Class, Baby Bubbles class or Family Play Time, all Adults participating must be listed below.  
(Adults must also sign back.)

Adult #1 Name: \_\_\_\_\_ Gender:  M  F Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Adult #2 Name: \_\_\_\_\_ Gender:  M  F Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Adult #3 Name: \_\_\_\_\_ Gender:  M  F Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## REQUIRED PARENT CONTACT INFORMATION:

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: ( ) - \_\_\_\_\_ Home Phone: ( ) - \_\_\_\_\_

Cell Phone: ( ) - \_\_\_\_\_ Cell Phone: ( ) - \_\_\_\_\_

Work Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: ( ) - \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Hospital of Choice: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: ( ) - \_\_\_\_\_

*(other than Parent)*

**\*\*Do any of the participants have any medical conditions AND/OR allergies that we should be aware of (diabetes, asthma, epilepsy, etc.)? If so, please specify below:**

How did you hear about us? \_\_\_\_\_

### RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT TO MEDICAL ATTENTION AND USE OF MEDIA

I understand that any fitness activity, camp, including any holiday or summer camp, or other program carries with it risks, some of which are significant. Although Interactive Academy, Inc. ("Interactive Academy"), has taken reasonable and prudent steps to create a safe environment and minimize foreseeable risks, they still exist. Accordingly, in exchange for my/our being allowed to participate in a fitness activity, camp, class (academic or fitness), or other program or activity, including acting as a volunteer assistant in connection with any of the foregoing, (the "Program"), to be conducted primarily on the campus of Interactive Academy in Zionsville, Indiana and at various off-site locations not under the control of Interactive Academy (the "Premises"), I/we (named above), and if I/we am/are not yet 21 years old, my/our parent(s) or legal guardian(s) (individually and collectively referred to below in the first person singular) agree to be bound by each of the following:

- Voluntary Participation. I understand and confirm that my participation in the Program is voluntary.
- Identification of Risks. I understand that there are certain dangers, hazards, and risks inherent in fitness-related activities that are included in the Program. I also understand that my participation in the Program may involve risk of injury and loss, both to person and to property. I also understand that the risk of injury may include the possibility of permanent disability and death. There may be other risks not known to Interactive Academy and not reasonably foreseeable at this time. I understand that this Release of Liability and Waiver is intended to address all of the risks of any kind associated with my use of the Premises and my participation in any aspect of the Program, including, particularly, such risks created by actions, inactions, or negligence on the part of Interactive Academy or its directors, officers, employees, instructors, agents, volunteers, successors, assigns or other individuals and entities making certain products, services and/or facilities available to Program participants (collectively, "Representatives").
- Assumption of Risk. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my use of the Premises and my participation in the Program. I accept personal responsibility for any liability, injury, loss, or damage in any way connected with my use of the Premises and my participation in the Program, which may include my transit to and from a Program.

4. Release and Waiver. I release Interactive Academy and its Representatives from any and all liability for and waive any and all claims for injury, loss, or damage, including attorneys' fees, in any way connected with my use of the Premises and my participation in the Program, whether or not caused in whole or in part by the negligence or other misconduct of Interactive Academy or its Representatives (a "Claim").
5. Indemnification. I agree to indemnify and to hold harmless (in other words, to reimburse and to be responsible for) Interactive Academy and its Representatives from all claims for any liability, injury, loss, damage, or expense, including attorneys' fees (including the cost of defending any Claim I might make, or that might be made on my behalf, that is released or waived by this instrument), in any way connected with or arising out of my use of the Premises and my participation in the Program, whether or not caused in whole or in part by the negligence or other misconduct of Interactive Academy or any of its Representatives.
6. Binding Effect. This instrument shall be binding upon my relatives, personal representatives, heirs, beneficiaries, next of kin, or assigns and shall inure to the benefit of Interactive Academy and any of its Representatives.
7. Consent to Medical Treatment. I authorize Interactive Academy and its Representatives to provide to me, through medical personnel of their choice, customary medical assistance, transportation, and emergency medical services should I require such assistance, transportation, or services as a result of injury or damage related to the Premises or any participation in the Program. This consent does not impose a duty upon Interactive Academy or its Representatives to provide such assistance, transportation, or services.
8. Media. I understand that while participating in the Program, I may be the subject of photographs or video recordings taken by Interactive Academy (the "Media"). I authorize Interactive Academy to use such Media for marketing purposes, including use in Interactive Academy's print materials or on its website. Moreover, I waive any right that I may have to inspect or to approve the Media prior to Interactive Academy's use for marketing purposes.
9. Severability. If any provision (or portion of any provision) of this instrument is held to be invalid or unenforceable, that provision shall be enforceable in part to the fullest extent permitted by law, and such invalidity or unenforceability shall not otherwise affect any other provision of this instrument.
10. Applicable Law. This instrument shall be governed, construed, and enforced in accordance with the law of the State of Indiana and I agree to the personal jurisdiction and venue of the courts of the State of Indiana. Any legal or equitable claim of any nature will be filed and maintained in the state or federal courts in the State of Indiana and all parties agree that such courts are a convenient forum for adjudication.

**PAYMENT INFORMATION**

\*\* A \$35 Annual Registration Fee will be charged to all new families and on an annual basis after the first year anniversary.

**\*\* Each family is required to have credit/debit card or ACH withdrawal information on file for payment.**

\*\* All registrations are first come first serve. The online registration process is not a guaranteed spot in class until we've received payment.

You have the option to make payments as follows:

1. **ACH**-Please check to approve InterActive Academy to withdraw via checking account for classes/programs at IA and associated fees (including but not limited to uniforms, shoes, competition fees, annual registration fee when due, etc.) Please complete through website or ask Front Desk.

\*A \$20 NSF fee will be charged for all Non-Sufficient Funds.

2. **VISA/MASTERCARD**-Please check here to approve InterActive Academy to run your credit card automatically for classes/programs at IA and associated fees (including but not limited to uniforms, shoes, competition fees, annual registration fee when due, etc.)

**\*\*THIS DOES NOT INCLUDE IA PRESCHOOL/KINDERGARTEN**

\*A \$20 decline fee will be charged for declined credit cards

\*\*Balances will run automatically each month with your credit/debit card or ACH on file. Swim class enrollment is based on terms and payment is required before the start of each term.

\*\*IA requires a written notice to drop from a monthly billed class.

- I have read the above and agree.

**THIS IS A RELEASE OF LIABILITY AND WAIVER. I HAVE READ THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I FULLY UNDERSTAND, AGREE TO, AND ACCEPT ALL PROVISIONS OF THIS RELEASE OF LIABILITY, WAIVER, INDEMNIFICATION, AND CONSENT AND AM SIGNING IT VOLUNTARILY.**

**REFUNDS GIVEN ONLY FOR MEDICAL CONDITIONS/INJURIES (must have medical note from Dr's office)**

**All Adults participating in the Tiny Twinkler class, Baby Bubbles class or Family Play Time must sign below.**

Printed Name (Parent or Legal Guardian)*	Signature**	Date / /
Printed Name (Parent or Legal Guardian)*	Signature**	Date / /
Printed Name (Parent or Legal Guardian)*	Signature**	Date / /

If the person(s) participating in the Program is/are not yet 21 years old, a parent or legal guardian must sign:

*In exchange for my/our child(ren) or ward(s) being allowed to participate in the Program and as the parent or legal guardian of the above-named individual(s), I verify that I fully understand, agree to and accept all provisions of this Release of Liability, Waiver, Indemnification, and Consent.*

Printed Name (Parent or Legal Guardian)*	Signature**	Date / /
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**By emailing this document back to the sender, you are digitally approving this document.**

**\*\*If printing this form and submitting by hand, please provide signature.**