

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, Starfish 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 participation in any activities, events, or programs provided by Interactive Academy, Inc. ("Interactive Academy"), including without limitation any fitness activity, exercise program, class (academic or fitness), party, social event, or camp (collectively, "Program"), carries with it significant risks. I also understand that a Program may take place on the campus of Interactive Academy in Zionsville, Indiana and/or at various off-site locations not under the control of Interactive Academy (collectively, the "Premises"). In exchange for my/our being allowed to participate in a Program in any manner whatsoever, including as a volunteer assistant, 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 as follows:

- 1. Voluntary Participation.** I understand and confirm that my participation in the Program is voluntary.
- 2. Risks.** I understand there are dangers, hazards, and risks inherent in participation in the Program, and that my participation in the Program may involve risk of injury, illness, damage, and loss, both to person and to property, and may include the possibility of permanent disability and death. **I further understand that participation in the Program may create an increased risk of exposure to COVID-19 (novel coronavirus) ("COVID-19").** There may be other risks of participation in the Program that are not known or reasonably foreseeable at this time. **I understand that this Release of Liability, Waiver, Indemnification and Consent is intended to address all risks of any kind associated with my use of the Premises and/or my participation in any aspect of the Program, including without limitation any such risks created by the 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").
- 3. Assumption of Risk.** I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my use of the Premises and/or participation in the Program, **including without limitation risks associated with COVID-19**, and accept personal responsibility for any injury, illness, loss, or damage I incur in any way connected with use of the Premises and/or participation in the Program, **including without limitation risks associated with COVID-19** and transit to and from a Program. I further acknowledge receiving and reviewing the CDC Fact Sheet on Concussions.

4. **Release and Waiver.** I release Interactive Academy and its Representatives from any and all liability, and waive any and all claims against them, for injury, illness, loss, or damage, including attorneys' fees, in any way connected with my use of the Premises and/or participation in the Program, **even if caused in whole or in part by the negligent acts or omissions or other misconduct of Interactive Academy or its Representatives, including without limitation risks associated with COVID-19** (a "Claim").
5. **Indemnification.** I agree to indemnify and to hold harmless Interactive Academy and its Representatives from all claims for any liability, injury, illness, loss, damage, or expense, including attorneys' fees, in any way connected with a Claim. This includes, without limitation, the cost of defending against any Claim that I might make, or that might be made on my behalf, that is released or waived by this instrument.
6. **Binding Effect.** This instrument shall be binding upon my relatives, personal representatives, heirs, beneficiaries, next of kin, and 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 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. **Policies.** I agree to comply with all policies and procedures established by Interactive Academy, **including without limitation those related to COVID-19**, as revised from time to time, and understand that my failure to comply with such policies and procedures may result in my expulsion from the Program.
10. **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.
11. **Applicable Law.** This instrument shall be governed, construed, and enforced in accordance with the laws of the State of Indiana. I agree to personal jurisdiction in the federal and state courts located in the State of Indiana, and that any lawsuit relating in any way to the Premises, Program, or this instrument shall be maintained exclusively in the state or federal courts located in the State of Indiana, subject to such courts' rules for venue.

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, Starfish 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.