

Mr. Todd's Membership Agreement – Waiver/Release Form

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Read the following carefully and sign below. NOTE: Parent signs if student is under 18 years.

Agreement

In consideration of my membership at **Mr. Todd's Gymnastics**, and my participation in **Mr. Todd's Gymnastics** classes, team program, events, and activities, I agree to be bound by each of the following:

- 1) **Eligibility:** I agree to comply with the rules of **Mr. Todd's Gymnastics**.
- 2) **Readiness to Participate:** I will only participate in those **Mr. Todd's Gymnastics** classes, team program, events, competitions, and activities for which I have accomplished the degree of confidence necessary to perform them by myself, and without injury.
- 3) **Medical Attention:** I fully understand that **Mr. Todd's Gymnastics** staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the **Mr. Todd's Gymnastics** staff to render temporary, but trained first aid to my child or children in the event of any injury or illness. Also, if deemed necessary by the **Mr. Todd's Gymnastics** staff to seek medical help, including calling of an ambulance for said child should the **Mr. Todd's Gymnastics** staff deem this to be necessary.
- 4) **Waiver and Release:** I am fully aware of the risks, including the risk of catastrophic injury, paralysis, or even death, as well as other damages and losses associated with participation in gymnastics activities and events. I further agree that **Mr. Todd's Gymnastics**, and the sponsor of any **Mr. Todd's Gymnastics** event, along with the employees, agents, officers, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.
- 5) **COVID-19:** Before sending your child to **Mr. Todd's Gymnastics**, we want to make sure you understand that in light of the current medical, legal and economic conditions resulting from the COVID-19 pandemic, and recognizing that these conditions are subject to abrupt change at any time, you are sending your child to **Mr. Todd's Gymnastics** under the following conditions:

While we wish that we could control every possible risk, and while we will use our best efforts to keep your child safe from COVID-19 virus, we want to make clear that we cannot promise or guarantee that this or any other pathogen will not enter our facility. We want you to be fully aware of this risk in making your decision to send your child to gymnastics, and that you are willing to assume and accept it on your child's behalf. In order to minimize the risk, you agree that before allowing your child to attend **Mr. Todd's Gymnastics** that your child and any other person in your household has not been in contact with any persons diagnosed with COVID-19 within the last 14 days.

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- 6) **Parent should** make their children aware of the possibility of injury and sickness and encourage their children to follow all the safety rules and the coaches' instructions.
- 7) **The Mr. Todd's Gymnastics**, its coaches and other staff members, will not accept responsibility for injuries or sickness sustained by any student during the course of gymnastics, tumbling, dance or cheerleading instruction, or open workouts, privates or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from the event.
- 8) **I also affirm** that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection.

For any athlete who is not yet 18 years old: As legal parent or guardian of this athlete, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in classes, team practice, events, day program, competitions and all activities conducted by **Mr. Todd's Gymnastics**.

Printed name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Printed name of Athlete: _____

Date of Birth of athlete: _____

Signature of Athlete 18 years of age: _____

Date: ____/____/____ Phone Number: _____

Address: _____

Email address: _____