

Technique Gymnastics, LLC Gymnastics Camp Waiver

Student's Name: _____ DOB: _____

Parent's Name: _____ Phone: _____

Primary Medical Insurance: _____

Primary Care Doctor: _____ Phone: _____

ASSUMPTION OF RISK: Participation in gymnastics activities involves motion, rotation, and height in a unique environment and as such carries with it a reasonable assumption of risk. With the forgoing in mind, we the customers carry what we feel are adequate insurances against any and all losses.

RELEASE AND WARNING: I understand that this is a risk, as such you understand that while Technique Gymnastics, LLC is doing everything we can to control the environment, the nature of this virus is vastly unknown and you are allowing your child to participate AT YOUR OWN RISK. Technique Gymnastics, LLC can not be held responsible if you or your child contract COVID-19.

Technique Gymnastics, LLC does not carry medical insurance for any participants. You must carry what you feel is adequate medical insurance to cover any possible injury! In the event of an injury, I agree to permit Technique Gymnastics, LLC to take appropriate actions as deemed necessary in an emergency.

I understand and accept that Technique Gymnastics, LLC is not responsible for any loss or damage to any personal property brought onto the premises, on field trips, or at meet sites.

I understand that Technique Gymnastics, LLC retains the right to use any photographs, video recordings, or any other record for Technique Gymnastics, LLC's website, Facebook, advertising, or any legitimate purpose in compliance with COPPA. My signature confirms that I understand and agree that my child's picture (without name) may be used on publicly accessible areas of Technique Gymnastic's website and/or other advertising media.

PAYMENT POLICIES: There is a \$30 fee due for 1st child and \$15 for each additional sibling prior to participating in camp.

Please initial below your acknowledgement of YOUR responsibilities to prevent an incidence of COVID-19 at Technique Gymnastics:

_____ Neither my child participating in camp nor any member of our household has a fever, sniffle, cough, or runny nose.

_____ I understand I may drop off/pick up my child at the door and cannot be a spectator during camp.

_____ I understand I will not drop off my child early or be late in picking up my child so you may properly sanitize between camps.

PLEASE SEE OTHER SIDE.

Participant Signature (Parent/guardian if minor): _____

Please print name: _____

Technique Gymnastics, LLC reserves the right to change policies as necessary without notice.

Technique Gymnastics, LLC reserves the right to refuse service to anyone.

OFFICE USE ONLY:

Received by: _____

Date: _____