www.thegymnasticscenter.com 513-922-3433



Facebook: The Gymnastics Center tgc@thegymnasticscenter.com

Child's Name	Age	_Date of Birth	Circle One Male Female
Address	City	State	Zip
Mother's Name	_Father's Name	P	hone #
E-mail	A	Iternate Phone #	
Any medical problems we should be aware of?			
How did you hear about us?			
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION THE SIX AGREEMENTS below pertain to participate volunteers, tenants, and other agents, hereafter of the participate of th	ON OF RISK, AND INI	DEMNITY AGREEMENT ymnastics Center, LLC and the	rir respective officers, employees,

As the parent(s) or legal guardian(s) of the student(s) named above, I hereby consent to their participation in any and all programs at or for The Gymnastics Center. 2. PERPETUAL COVENANT NOT-TO-SUE

In consideration for my child(ren)'s or my participation at The Gymnastics Center I hereby, for myself and/or my child(ren) and our respective heirs and successors, PROMISE NOT-TO-SUE and FOREVER RELEASE The Gymnastics Center from all liability resulting from damages or injuries incurred as a result of participation at or for The Gymnastics Center. This includes acts of ordinary negligence. I understand that this PERPETUAL COVENANT NOT-TO-SUE will apply to EACH AND EVERY OCCASION that my child(ren) or I visit or participate at The Gymnastics Center and that this agreement remains in force until I revoke it in writing.

3. ASSUMPTION OF RISK

I acknowledge that sports and activities involving height, motion or inversion including but not limited to gymnastics and ninja carry the risk of severe injury, including paralysis or death. I acknowledge the contagious nature of certain bacteria and viruses, including, without limitation, COVID-19, and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by such bacteria or viruses by attending The Gymnastics Center and that such exposure or infection may result in personal injury, illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 at The Gymnastics Center may result from the actions, omissions, or negligence of myself and others, including, but not limited to, The Gymnastics Center employees, volunteers, and program participants and their families. I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s or my attendance at The Gymnastics Center.

4. SUPERVISION OF MINORS BEFORE AND AFTER CLASS

I acknowledge that The Gymnastics Center is not a drop-off facility and is not equipped to supervise my child(ren) before and after class and I agree to remain onsite with my child.

5. MEDICAL AUTHORIZATION AND INDEMNIFICATION FOR POSSIBLE FUTURE MEDICAL EXPENSES

In the event of a medical emergency I authorize that my child(ren) and/or I be transported to a medical facility for treatment and I hold The Gymnastics Center harmless in the execution of such. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child(ren) or me as a result of any injury sustained while visiting or participating at or for The

symnastics Center.	
5. PHOTO AND VIDEO RELEASE	
grant my permission to The Gymnastics Center to use my child(ren)'s or my and other media used by, produced or contracted by The Gymnastics Center. or the use of any image or recording.	•
Parent/Legal Guardian's Signature	Date