

## Consent & Liability Waiver 2020

In consideration of Discover Gymnastics allowing this individual to participate in sports activity, class competition, team, including non-gymnastics activities such as camp, dance, fitness and PNO activities (hereinafter referred to as the “activity”), I and if I am not 18 years old my parents or legal guardians, agree to be bound as follows:

**Liability Waiver:** I am fully aware that any activity involving motion or height creates the possibility of serious injury or even death, and that any athletic activity has certain unavoidable risks. I further agree to hold harmless Discover Gymnastics, its teachers, staff and school for any and all injuries and resulting expenses arising out of participation in any and all classes, open workout sessions, or competition away or at home. I release and discharge any and all rights and claims against Discover Gymnastics, Inc.

Initials: \_\_\_\_\_

### CONSENT TO TREATMENT:

I authorize Discover Gymnastics to provide to the participant, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should the gymnast require such assistance, transportation, or services as a result of injury or damage related to participation in the activity. If the gymnast is a minor and a parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, but treatment one night be withheld if a parent or guardian cannot be reached. The parent or guardian's phone number is as follows (\_\_\_\_\_)\_\_\_\_\_.

I affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for the participants protection. This consent shall remain effective until revoked in writing and delivered to Discover Gymnastics.

Consent Waiver: I the undersigned parent or guardian of

\_\_\_\_\_, do hereby grant authority to the Staff of Discover Gymnastics to render judgement concerning medical assistance in the event of an accident or illness during my absence. I give my consent for my family doctor to treat my child in case of a necessary emergency and if unable to contact him/her, please accept this form as your authority to use the staff doctor at the hospital emergency room for any necessary emergency medical treatment. No prior

determination of life-threatening emergency or danger of serious or permanent injury resulting from treatment need be made under this authority.

Name and Phone Number of Family Physician:

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Initials: \_\_\_\_\_

COVID-19 Waiver: I further acknowledge and understand that my participation may result in possible exposure to and illnesses from infectious diseases including COVID-19. Parents should monitor the health of their children and not send them to the program if they exhibit any symptoms of COVID-19, they should seek COVID-19 testing promptly and report results to the program given the implications for other children families and staff. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks above known and unknown, even if arising from the negligence of others and I assume full responsibility for my participation and exposure.

Internet release: I hereby give consent for my child's photo or likeness to appear on the Discover Gymnastics website and social media.

Initials: \_\_\_\_\_

I have read the waivers of liability, consent to treat, and COVID-19, and the release waivers of assumptions of risk and use of images and I understand that I have given up substantial rights by signing it and have signed it freely and without any indictment or assurance of any nature and I intend it to be a complete and unconditional release of my liability to the greatest extent allowed by law. I agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Dated: \_\_\_\_\_

Printed Name of legal guardian: \_\_\_\_\_

Signature: \_\_\_\_\_