

**Please be sure to print and sign all three pages to participate in programs at Spokane Gymnastics. This includes, general consent form, COVID waiver and Parkour and Ninja Zone waiver.**



**509-533-9646**

**Spokane Gymnastics Argonne Village - 2515 N. Locust Road Spokane Valley 99206**  
**Spokane Gymnastics Pines – 11712 E. Montgomery Drive Spokane Valley 99206**

**PARTICIPANTS NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **M/F**  
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**HOME ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE #1:** \_\_\_\_\_ **PHONE #2:** \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_  
**PARENT'S NAME:** \_\_\_\_\_ **PARENT'S NAME:** \_\_\_\_\_

Tuition and annual membership fee is due at registration or with "Auto Pay Agreement".  
Once enrolled "all sales are final" and Spokane Gymnastics does not offer refunds or credits.  
Medical Coverage: Gymnasts must be covered by medical insurance in order to participate at Spokane Gymnastics. My child is covered by the following health insurance:  
Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Medical Information: Does child have ANY medical or issues that might interfere with gymnastics?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain:

**RELEASE FROM LIABILITY AND INDEMNITY  
AGREEMENT PERMISSION TO TREAT IN AN EMERGENCY**

I affirm that I am over the age of 18, or I am the parent or legal guardian of the child(ren) identified above, and voluntarily authorize my child(ren) to participate in activity at Spokane Gymnastics. I understand that there are inherent dangers associated with breakdancing and gymnastics and recognize that any physical activity involves risks of serious injury or death, including but not limited to temporary or permanent muscular and skeletal injury and paralysis. Knowing these risks, I and my child(ren) assume all risks, whether foreseen or unforeseen, in connection with participation in this activity.

WE AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, WAIVE, AND RELEASE SPOKANE GYMNASTICS, TOGETHER WITH ITS OFFICERS, TRUSTEES, EMPLOYEES, AGENTS AND MEMBERS, AGAINST ANY AND ALL LIABILITY, CLAIMS AND CAUSES OF ACTION ARISING OUT OF, OR IN ANY WAY CONNECTED WITH MY CHILD'S PARTICIPATION IN THIS ACTIVITY OR BY EQUIPMENT. Furthermore, I assume complete responsibility for any property damage and/or personal injury caused by me or my child(ren) in connection with his/her/their participation in activities at Spokane Gymnastics.

I understand that this Release Agreement is a legally binding contract and shall remain in effect for the duration of my participation in Spokane Gymnastics activities. This Release agreement shall bind my heirs, personal representatives, assigns and all members of my family, including minors.

I HAVE FULLY INFORMED MYSELF OF CONTENTS OF THIS APPLICATION AND RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT BY READING BEFORE SIGNING IT.

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

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT/GUARDIAN ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT FOR COMMUNICABLE DISEASES INCLUDING COVID-19**

\_\_\_\_\_ (minor child) desires to participate in gymnastics and athletic activities provided by **Spokane Gymnastics**. As consideration for participation in these gymnastics and athletic activities that the minor child will gain intangible value, the undersigned parent/guardian acknowledges, appreciates, and agrees that:

1. I and my minor child are aware that my minor child's participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and I acknowledge that any injuries that I and/or my minor child sustains is known and I freely assume all such risks both known and unknown concerning infectious diseases even if arising from the negligence of Spokane Gymnastics. I am voluntarily participating with my minor child in these gymnastics and athletic activities with knowledge of the danger involved concerning the spread of COVID-19 and other infectious communicable disease and I freely accept and assume all such risks including death or injury to myself or my child whether caused by the negligence of Spokane Gymnastics or otherwise.
2. I willingly agree to comply with the stated and customary terms and conditions for participation in regard to protection against infectious diseases for my minor child and family as required by Spokane Gymnastics and federal, state, and local government and health agencies. If, however, I or my minor child or family observe any unusual or significant hazard during our presence or participation, I will remove myself, minor child, and/or family from participation and bring such to the attention of the nearest employee immediately; and,
3. I, for myself and on behalf of my minor child, family, heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Spokane Gymnastics their owner, officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the participation events (“RELEASEES”) WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person (including my minor child) or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY**

**UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Participant/Minor Child: Name of Parent(s)/Guardian(s): Parent(s)/Guardian(s) Signature: Date signed:

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**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this minor child, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of Participant/Minor Child: Name of Parent(s)/Guardian(s): Parent(s)/Guardian(s) signature: Date signed:

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## Spokane Gymnastics Parkour & Ninja Zone Waiver

Spokane Gymnastics, Inc. has the policy that all participants have medical insurance and to provide proof of that insurance when registering. Spokane Gymnastics, Inc. carries insurance, which (in the event of an incident), pays the portion which primary insurance doesn't cover, up to a set limit. Our insurance company, "Snyder Insurance Services, Inc." has added an exclusion on their policies, specifically for Parkour, Free Running and Slack-line classes. We have decided to continue to offer Parkour and Slackline classes at Spokane Gymnastics, provided that participants (or their legal parent or guardian) are specifically made aware of the risks, assume their own liability for those potential risks and complete the following special waiver form, which limits the financial liability that Spokane Gymnastics, Inc. assumes. **Please read the following carefully and consult legal counsel before agreeing.**

In consideration of being allowed to enter the gymnastics area and/or participate in any activity at Spokane Gymnastics, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges and agrees to the following conditions.

I acknowledge that I am the parent or legal guardian of the child(ren) identified below and voluntarily authorize my child to participate in gymnastics, parkour and slack-line activities at Spokane Gymnastics. I understand that there are inherent dangers associated with gymnastics, parkour and slack-line and recognize that any physical activity involves risks of serious injury or death, including but not limited to temporary or permanent muscular and skeletal injury and paralysis. Knowing these risks, I and my child(ren) assume all risks, whether foreseen or unforeseen, in connection with my child participation in this activity.

**WE AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, WAIVE, AND RELEASE THE SPOKANE GYMNASTICS, TOGETHER WITH ITS OFFICERS, TRUSTEES, EMPLOYEES, AGENTS AND MEMBERS, AGAINST ANY AND ALL LIABILITY, CLAIMS AND CAUSES OF ACTION ARISING OUT OF, OR IN ANY WAY CONNECTED WITH MY CHILD'S PARTICIPATION IN THIS ACTIVITY. I UNDERSTAND THAT SPOKANE GYMNASTICS WILL NOT PAY MEDICAL EXPENSES BEYOND 10% OF ANY POTENTIAL INJURY RESULTING FROM PARTICIPATION, UP TO A TOTAL AMOUNT OF \$3,000.00.**

In Consideration of participation in Gymnastics/Ninja Zone, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participation in the event, the conditions in which the event takes place, or the negligence of the "releases" named below. I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity. I hereby release, discharge, and covenant not to sue Spokane Gymnastics, Inc. or Ninja Zone, its respective administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the RELEASES herein), from all liability, claims, demands, losses, or damages on my account caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any loss, liability, damage, or cost, which any may incur as the result of such claim.

***Any and all Ninja skills will be conducted in a safe gym environment and will hold Spokane Gymnastics, Inc. and Ninja Zone harmless of any injuries incurred in and outside gym areas.***

I hereby authorize Spokane Gymnastics, Inc. and Ninja Zone to publish the photographs and videos taken of me and/or the undersigned minor children, and our names, for use in the printed publications, website and training purposes. I release Spokane Gymnastics, Inc. and Ninja Zone from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize the use of their photographs, videos and names. I acknowledge that since participation in publications and websites produced by Spokane Gymnastics, Inc. and Ninja Zone is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced Spokane Gymnastics, Inc. and Ninja Zone confers no rights of ownership whatsoever. I release Spokane Gymnastics, Inc. and Ninja Zone, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

I have read the Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Parent Name (Please Print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please complete the general waiver in addition to the Parkour and Ninja Zone Waivers to participate in any Parkour or Ninja Zone activities at Spokane Gymnastics**