

Please be sure to print and sign both pages to participate in programs at Spokane Gymnastics. This includes general consent form and COVID.



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**
PARTICIPANTS NAME: _____ **DATE OF BIRTH:** _____ **M/F**
PARTICIPANTS NAME: _____ **DATE OF BIRTH:** _____ **M/F**

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:

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:
