



SPECIAL EVENTS WAIVER

<input type="checkbox"/> Gym Events (Open Gym, Parents Night Out, etc.)	<input type="checkbox"/> Trial Class
--	--------------------------------------

PARENT/GUARDIAN INFORMATION:

Parent's Name: _____ Parent's Cell Phone: _____

Street: _____

City: _____ State: _____ Zip: _____ Parent's Email: _____

PARTICIPANT'S INFORMATION:

Full Name (first, middle, & last): _____ Date of Birth: ___/___/___ Sex: _____

Full Name (first, middle, & last): _____ Date of Birth: ___/___/___ Sex: _____

Full Name (first, middle, & last): _____ Date of Birth: ___/___/___ Sex: _____

Full Name (first, middle, & last): _____ Date of Birth: ___/___/___ Sex: _____

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF CLERMONT GYMNASTICS ACADEMY LLC USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM CLERMONT GYMNASTICS ACADEMY LLC IN A LAWSUIT FOR ANY PERSONAL INJURY INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.



SPECIAL EVENTS WAIVER

Release & Waiver of Liability, Assumption of Risk, and Indemnity Agreement

By entering this facility, you are aware that you agree to fully accept all known and unknown risks, including the potential risk of exposure to respiratory illnesses such as the coronavirus (COVID-19). The coronavirus is primarily transmitted via exhaled respiratory droplets, most often through coughing and sneezing. These droplets can travel up to six feet and are more commonly transmitted between persons rather than from equipment to persons.

In consideration of the services of Clermont Gymnastics Academy LLC, coaches, owners, officers, employees, and all other persons or entities acting on its behalf. I hereby agree to release and discharge Clermont Gymnastics Academy LLC on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I understand and acknowledge that the activity my child is about to engage in poses known risks and unanticipated risk which could result in injury, paralysis, death, emotional distress, or damage to my child, to property, or to third parties.

I expressly agree and promise to accept and assume all of the risks existing in this activity. My child's participation in this activity is purely voluntary, and I elect my child to participate in spite of the risks.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Clermont Gymnastics Academy LLC from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in this activity or my use of the Clermont Gymnastics Academy LLC equipment or facilities, including any such claims which allege negligent acts or omissions of Clermont Gymnastics Academy LLC.

Should Clermont Gymnastics Academy LLC be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. I will be responsible for all Clermont Gymnastics Academy LLC additional costs incurred, including, but not limited to, legal fees, collection agency fees, and administrative fees.

I certify that I have adequate insurance to cover any injury or damage my child may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that my child has no mental or physical conditions which could interfere with their safety in this activity, or else am willing to assume and bear the costs of all risks that may be related, directly or indirectly, by any such condition.

I, the undersigned, do hereby voluntarily submit my application for my child's attendance and participation with Clermont Gymnastics Academy LLC.

I do hereby assume full responsibility for all damages, injuries, and/or losses that my child or myself may sustain or incur, if any, while participating, and I hereby waive all claims against Clermont Gymnastics Academy LLC for any claims or injuries my child or I may sustain.

Parent / Legal Guardian Signature:

Date:



SPECIAL EVENTS WAIVER

Media Release

I hereby consent to the photographing of my child and the recording of my child's voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage. Further, I understand others, with or without the consent of Clermont Gymnastics Academy LLC may use and/or reproduce such photographs and recordings. I hereby release Clermont Gymnastics Academy LLC and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

Parent / Legal Guardian Signature:

Date:
