

# PARRY'S GYMNASTICS, LLC

## Coronavirus/COVID-19 Release Form

Name of Participant: \_\_\_\_\_

### WARNING OF RISK & RELEASE

- 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 event conditions are unsafe or I am unable to safely perform any activity I will immediately discontinue participation in the activity.
- I represent, acknowledge, understand, appreciate and agree that my participation may result in possible exposure to illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. 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, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure.
- I hereby release, discharge, and covenant not to sue your business, it's administrators, directors, agents, officers, volunteers, employees, contractors, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of the premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, damages, on my account caused or alleged to be caused in whole or in part by the negligence of the RELEASEES or otherwise, including negligent rescue operations and further 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 RELEASEES, I will indemnify, defend, and hold harmless each of the RELEASEES from any loss, liability, damage, or cost, which any may incur as the result of such a claim.
- **PARENTAL CONSENT:** I, hereby covenant and promise that I am the minor's parent and/or legal guardian, and on behalf of myself and the minor, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I further understand the risk of exposure to injury and/or infectious diseases, for myself and my child, as a participant, spectator at events, classes or our presence at the facility. I hereby release, discharge, covenant not to sue and AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS each of the RELEASEES from all liability, claims, demands, losses or damages on the minor's or my account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including, but not limited to injury, negligent rescue operations, and/or exposure to infectious diseases and I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above RELEASEES, I WILL DEFEND, INDEMNIFY, AND HOLD HARMLESS each of the RELEASEES from any litigation expenses, attorney fees, loss liability, damage, or cost which any RELEASEE may incur as the result of any such claim.
- I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and agree to its terms and understand this agreement is made by me on behalf of my above named minor child(dren) and or legal wards. I represent and warrant to Parry's Gymnastics, LLC that I have full authority to sign this agreement on behalf of such minor(s) and I 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. I agree that if any portion of this Agreement is held to be invalid, the balance, withstanding, shall continue in full force and effect.

■ **Signature of participant or parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_  
*Signature for above Warning & Waiver required for participation in any Parry's Gymnastics LLC Program*

### GUIDELINES & PROTOCOLS AGREEMENT

- I agree that I/we will comply with all set policies and procedures established by the gym to reduce the risk of injury and/or the spread of infectious disease while in the parking lot and entering the gym and pertaining to myself or child attending classes and workouts including but not limited to **a daily touch-less temperature scan, sanitization of hands upon entry to the gym, wearing of facial covering while in the building, social distancing (6 feet apart), restraint from touching my face and surfaces and not entering the gym at any time adverse conditions are present within me or my child(ren) that could put others at risk of contracting an infectious illness.**

#### I attest that upon entering the gym each day:

- I/we (myself and child/ren) are not experiencing any symptom of illness such as *cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.*
- I/we have not traveled internationally within the last 14 days.
- I/we have not traveled to a highly impacted area within the country in the last 14 days.
- I do not believe I/we have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- I/we have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.
- I/we am/are following CDC, State and county recommended guidelines and limiting our exposure to the Coronavirus/COVID-19.
- I agree I/we will stay home if feeling sick or ill in any way, and will not return until healthy.
- I understand guidelines and protocols may change at anytime based on changes made by the CDC and/or Federal, State or Local government requirements and recommended procedures.
- I promise to immediately contact the gym if any situation arises which may change any of the above attestations pertaining to myself or my child/ren. I acknowledge that **these attestations apply to each and every entry to the gym and all subsequent classes and workouts my child/ren shall attend from this date forward.**

**Signature of participant or parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

*Signature for above Guidelines & Protocols Agreement required for participation in any Parry's Gymnastics LLC Program*