Hill's Gymnastics Gems, LLC WAIVER AND RELEASE OF LIABILITY 5/18/20

As the parent or legal guardian of the listed gymnast(s), I hereby consent to the named person(s)		
Child/children's names		
Date of Birth		
Age(s) Gender. M / F		
Participating in the programs offered by Gymnastics Gems (Hill's Gymnastics Gems, LLC) (hereafter Hill's Gymnastics Gems). I recognize that potentially severe injuries including virus, sprains, broken bones, paralysis, or death can occur in any activity involving height or motion, including gymnastics. I UNDERSTAND AND ACCEPT THIS RISK. I have additionally communicated this risk to my child participant. I also realize that my child will be performing and training on all gymnastics events and devices including the air trak. In consideration for my child to use the facilities I on behalf of my child and our respective heirs, administrators, executors, and successors, hereby forever release, and covenant not to sue Hill's Gymnastics Gems, it's officers, directors, employees, volunteers, and all others associated with the Hill's Gymnastics, LLC and if applicable, owners and lesser, on which the activities takes place, for any and all damages and injuries suffered by my child or myself while under any instruction, supervision, or control of Hill's Gymnastics Gems. I hereby agree to individually provide for all present and possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at any event travel or at a Hill's Gymnastics Gems facility. I will inform the coach of any medical concerns before each class. I give Hill's Gymnastics Gems permission to administer minor first aid, and if deemed necessary 911 will be called and so will the parents of the child. Also, I Understand that Hill's Gymnastics Gems retains the rights to use any photographs, video tapes, motion pictures, recordings, or any other records of events for publicity, advertising, or any other legitimate purposes. I further realize that while payment of tuition fees constitutes a part of the consideration due to Hill's Gymnastics Gems, for allowing my child to use the facilities and equipment at Hill's Gymnastics Gems, an additional part of the consideration is this signed release form. Th		
This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is voluntarily signed as to its content and intent. All gymnasts must have medical insurance please list Medical insurance company		
Policy		
PANDEMIC WAIVER		
Hill's Gymnastics Gems, will take every precaution and follow all guidelines for cleaning and social distancing. While we take our responsibility to your family seriously, we can in no way guarantee that you or your child will not contract a virus while in our facility.		
Hill's GYMNASTICS Gems + students / parents RESPONSIBILITIES:		
Place all personal items in a bag upon arrival do not bring extra items toys and do not share anything with other		
children. • Making sure all who enter and leave have used hand sanitizer. Wash hands and feet at the beginning of class before		
going out on the floor. • We, Hill's Gymnastics Gems will Clean before in between, during and after all classes. The use of products will include bleach, Lysol and other cleaning products. We cannot guarantee a child may not come in contact with any of these products.		

Temperature checks of employees and gymnasts as needed.
Social distancing guidelines will be followed.
No contact- Spotting will not be available unless in case of preventing an injury. ______initials
Contact for assisting with an injury we will have gloves and a mask
Smaller class sizes with distancing or private lessons.
We are not requiring or denying coaches the option to wear face masks, their option for distanced coaching.
Any child under age 5 (kindergarten age) parents must remain on premises for classes at our facility.

Policies

immediately. Parents will not enter gym if sig	nad a fever or cough in the last 24 hours. A sick child will be sent home ck within the last 24 hours. s any upper/ lower respiratory infection or symptoms of a virus in the
 Parents Walk gymnasts to the front door. G adhere to the times of class. Do not drop gyn Arrive with hair up, leotard on and a water Bring a plastic zip lock for chalk for the bars *Bring gym shoes and cover up if we warm 	rs greet and ask a few health questions before entry. ymnasts will not be allowed in until the start of their class. Please masts off to wait by themselves. bottle marked with your gymnast's name. place child's name on it. up condition outside.
• Use of water dispenser will be prohibited a Bring a water bottle with name labeled.	t this time - I will have water that I can pour into a paper cup if need be. ill be waiting while establishing distance from each other. Also I'll need
time to clean before the next group or lessonGymnasts will not be able to touch other gy	
Or place payment in an envelope leave in de- • You may send your child wearing a face may	tain space within class preferably utilizing on-line payment. signated place for front desk to verify payment. ask if you choose - keep in mind it could slip off during tumbling etc.
/coaches.	in or out or movement to from other stations when near other gymnasts t no refunds will be given for missed classes. If need be cancel and
reschedule. • Please talk with your child about the impor	tance of listening to their coaches follow all safety guidelines. I take some time to get back to where we were before the closures with
• *allergies food or latex	Safety first.
• Medical concerns we need to be aware of	
Membership Contract in its entirety. Parents signature:	Contract and it is being signed voluntarily. I agree to the above
Date:	
Email:	
Home mailing address:	
Parents contact information:	
Phone cell	
Phone home	
*In an emergency / contact relationship	
Photo release initials Video release	