

Hill's Gymnastics Gems, LLC

2024 Waiver and Release of Liability

As the parent or legal guardian of the listed gymnast(s), I hereby consent to the named person(s)

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, its 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.

Therefore, in consideration for allowing my child to use the Gymnastics equipment and facilities, I hereby release Hill's Gymnastics Gems, LLC its owners, officers, employees, teachers coaches volunteers from all liability for any and all damages, illness and injuries suffered by my

child while under the instruction, supervision or control of Hill's Gymnastics Gems, its owners, officers, employees, teachers or coaches, volunteers.

As the parent or legal guardian of the aforementioned person(s), I hereby agree to individually protect for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, for or under the direction of Hill's Gymnastics Gems, In addition, I confirm that my child has been examined by a physician who has cleared them for unrestricted participation in these activities.

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 information below.

Company: _____

Policy: _____

Hill's Gymnastics Gems Students/Parents Responsibilities

- Place all personal items in a bag upon arrival and do not bring extra items, toys, etc.
- Make sure all who enter and leave the facility have used hand sanitizer. Students must wash hands and feet at the beginning of class before going onto the floor.
- We, Hill's Gymnastics Gems, will often 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.
- For children under age 5 (or kindergarten age), a parent or legal guardian **must remain on premises** for classes at our facility.
- Gymnasts will not attend class if they have had a fever or cough in the last 24 hours. A sick child will be sent home immediately. Parents will not enter the gym if sick within the last 24 hours.
- Parents walk gymnasts to the front door. Gymnasts will not be allowed in until the start of their class. Please adhere to the times of class. Do not drop gymnasts off to wait by themselves.
- **ARRIVE READY:**
 - **Girls:** Arrive with hair up, leotard on and a water bottle marked with your gymnast's name. No dangly jewelry.
 - **Boys:** Arrive in gym shorts/proper athletic attire, water bottle with gymnast's name on it. No long necklaces, bracelets, or dangly jewelry.
- (Optional) Bring a plastic zip lock with chalk for the bars and write your child's name on it.
- Payment must be made in advance to maintain space within class. Most classes are paid per-session (usually 8-9 weeks of classes). Pay online or place payment in an

envelope and leave in designated place for the front desk to verify payment. Ask Coach Leigh if you have any questions about payment.

- Please talk with your child about the importance of listening to their coaches follow all safety guidelines.
- **Pick ups:** Please arrive on time to pick up your child. If you are running late, please give Coach Leigh a text or call as soon as possible.
- **Absences:** Whenever possible, please give Coach Leigh at least 24 hours notice in the event of an absence. We understand emergencies, illness, and other unplanned events happen, but as soon as you know your child cannot attend a class, letting the gym know will help us plan accordingly. In the event of an absence, we will offer make-up classes or credits, **but no refunds will be given for missed classes.** If need be, cancel and reschedule a make-up class.

Does your child have any food or latex allergies?

Any medical concerns we need to be aware of?

I have read and understand this membership contract and it is being signed voluntarily. I agree to the above member contract in it's entirety.

Parent's signature: _____

Date: _____

Parents contact information

Cell phone: _____

Work phone: _____

Email: _____

Home mailing address:

Emergency contact information

Emergency contact name: _____

Relationship to gymnast: _____

Emergency contact cell phone number: _____

Photo/video release

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.

Initial below

Photo release: _____

Video release: _____