

PAC RELEASE, WAIVER OF LIABILITY & EXPRESS ASSUMPTION OF RISK AGREEMENT & PHOTO RELEASE

Parent(s)/Guardian(s)

Name: _____

Email: _____

Phone Number: _____

Minor(s)

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

I want to do my part to help The PAC keep my child(ren), their classmates/teammates, the coaches/staff, other families, and everyone else at the gym as safe as possible during the COVID-19 pandemic. I have read, understood, and agree to the following policies and procedures. *NOTE: Every family must have this agreement on file before participating in any activities. I understand and agree that:

1. All participants/members/staff/guests will have their temperature checked with a touchless thermometer prior to entering the facility and anyone with a temperature above 100.4 will not be permitted to enter.
2. That only one parent or non-participating individual will be allowed to enter the building. To maintain social distances no one will be permitted in the lobby while we line up for classes.
3. I am required to wear a mask or facial covering to enter the gym.
4. I am aware that my child will be required to wear a mask or facial covering while in the gym. They may, however, remove the covering only while on the apparatus or doing physical activities.
5. I will follow social distancing standards of six to ten feet while in the gym and on the grounds of The PAC.
6. My athlete will have regular opportunities to use the hand sanitizing stations available throughout the facility.
7. My child will use the restroom and wash their hands thoroughly before leaving home and coming to The PAC.
8. I will have my child wash their hands thoroughly upon arriving back home.
9. I agree to keep my child home if they or anyone in my family is coughing, has a temperature over 100.4 degrees, is exhibiting other COVID-19 symptoms or has come in contact with anyone who has been diagnosed with COVID-19.
10. I understand that these procedures may change and evolve over time. I will follow any new standards required by the State of New York, the CDC, and/or The PAC.

11. If we are to close down due to internal or external COVID-19 related circumstances there will be issued a tuition credit only. I understand that the coaches, staff, and everyone at The PAC will make a strong effort to maintain social distancing but that there will be times when incidental contact and less-than-prescribed physical distancing will occur. I am aware and agree that spotting is an essential part of training athletes in order to keep them safe and to prevent injury. I will allow my child to be spotted when spotting is necessary. I further understand that I am voluntarily allowing my child to participate in programs and activities offered by The PAC, knowing that it is impossible to keep them, myself, or anyone else who enters the gym completely safe from exposure to contaminants, including COVID-19 virus. I accept that risk.

In consideration of my participation in any one of Progressive Gymnastics East activities, I acknowledge that I understand the nature of the activity and that I, and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I and /or my minor child will immediately discontinue participation in any activity.

For the benefit of your child, please list any medical conditions that may affect your child's safety and performance (e.g. allergies, asthma, seizures, heart ailments, physical handicap, O.T. or P.T services).

Child	Medical Conditions
Name:	

I fully understand that activities at Progressive Gymnastics East involve risks of serious bodily injury, including permanent disability, paralysis and death, and that these and other risks may be caused by my own actions, or inactions, those others participating in the event, the conditions in which the event takes place, or this time; and I fully accept and assume all such risks and all responsibilities for losses, costs, and damages I incur as a result of my participation in the activity.

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, 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 ~~releaser s from any litigation expenses, attorney fees, loss liability, damage, or cost which any releasee may incur as the result of any such claim~~

PHOTO RELEASE

I hereby give Progressive Gymnastics East irrevocable right to use my child's picture, photograph, video or other depiction(s) thereof or likeness in all forms of media and in all manners, including composite or other representation for advertising, trade or any other lawful purpose. I also waive any rights of compensation or ownership thereto. I have read this release and I am fully familiar with its contents and am competent to make this release. It is understood that my child's participation in being photographed or filmed is done of my own free will.

Photo/Media Release

Photo/Media Release NOT

X

Sign Here

Date: _____

Print Name