



Parent/Guardian Information:	Date: _____
Last Name: _____	First Name: _____
Address: _____	City: _____ Zip: _____
1st Child Information:	
Last Name: _____	First Name: _____
Sex: _____	Date of Birth: ____/____/____ School he/she attends: _____
2nd Child Information:	
Last Name: _____	First Name: _____
Sex: _____	Date of Birth: ____/____/____ School he/she attends: _____
3rd Child Information:	
Last Name: _____	First Name: _____
Sex: _____	Date of Birth: ____/____/____ School he/she attends: _____

Participation Agreement Form

Acknowledgement of Policies, Risk and Waiver of Liability - Read before signing!

To the best of my knowledge, my child(ren) is now in good health and physically capable of participating in the program(s) offered by Gravity Gymnastics. I will not bring my child(ren) for his/her lesson if suffering from any respiratory, infectious or contagious illness or disease. I understand that if such an illness is apparent, my child(ren) will be removed from class for that day.

I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, Ninja Zone, tumbling, trampoline, use of inflatables, cheerleading, dance, ball sports, and martial arts. Being fully aware of these dangers, I voluntarily consent for my child/children to participate in all Gravity Gymnastics programs and accept all risks associated with that participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby forever release and covenant not to sue Gravity Gymnastics, its officers, directors, share holders, employees, volunteers, and all other associated with the corporation(s) from liability for any and all damages and injuries suffered by my child or myself including those caused by ordinary negligence while under all instruction, supervision, or control of Gravity Gymnastics.

PHOTO & VIDEO RELEASE: I grant consent for my/minor's picture to be taken or to be filmed while participating in activities at Gravity Gymnastics. I authorize Gravity Gymnastics to use and publish images, photographs, pictures, portraits, and audio, video and/or film footage of me/minor in all forms of media and in all manner for publication including, but not limited to, advertising and marketing campaigns, press releases, periodicals, and website use. I hereby waive any right I may have to review, inspect, edit or approve such publication and I release Gravity Gymnastics from any claims I may have against it for use of such images, photographs, pictures, portraits, and audio, video and/or film footage of me.

I authorize Gravity Gymnastics (Miramar Gymnastics & Parties, Inc.) to provide to the participant, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services should the participant require such assistance, transportation, or services as a result of injury or damage related to participation in all Gravity Gymnastics programs. If the gymnast is a minor and a parent or guardian is not present, efforts will be made to contact a parent or guardian that are reasonable under the circumstances, but treatment will not be withheld if a parent or guardian cannot be reached.

I have read and understand this acknowledgment of risk and waiver of liability and I voluntarily affix my name in agreement.

Parent / Legal Guardian Signature: _____ Date: _____

Parent / Legal Guardian Signature: _____ Date: _____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. I understand that Gravity Gymnastics ('GRAVITY') has been permitted to reopen but that the risk of being infected with the COVID19 virus still exists. I understand the COVID-19 virus has a long incubation period during which carriers of the virus may not show symptoms and still be highly contagious. Some carriers of the virus never show any symptoms. It is impossible to determine who has it and who does not. I understand that all of the health risks of the COVID-19 are not know at this time, but I understand that the COVID-19 virus may cause serious and perhaps life-long health hazards and can be fatal, especially to those with underlying health issues. I understand that due to the frequency of visits of other clients, the characteristics of the virus, and the characteristics of exercise facilities, I or my child(ren) have an elevated risk of contracting the virus simply by being in Gravity Gymnastics ("GRAVITY"). GRAVITY has put in place preventative measures to reduce the spread of COVID-19; however, GRAVITY cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending gravity could increase your risk and your child(ren)'s risk of contracting COVID-19.

GRAVITY has put in place preventative measures to reduce the spread of COVID-19; however, GRAVITY cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending gravity could increase your risk and your child(ren)'s risk of contracting COVID-19.

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THE CONTAGIOUS NATURE OF COVID-19 AND VOLUNTARILY ASSUME THE RISK THAT MY CHILD(REN) AND I MAY BE EXPOSED TO OR INFECTED BY COVID-19 BY ATTENDING GRAVITY AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS,

PERMANENT DISABILITY, AND DEATH. I UNDERSTAND THAT THE RISK OF BECOMING EXPOSED TO OR INFECTED BY COVID-19 AT GRAVITY MAY RESULT FROM THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF MYSELF AND OTHERS, INCLUDING, BUT NOT LIMITED TO, GRAVITY, ITS OFFICERS, MANAGERS, AGENTS, EMPLOYEES, VOLUNTEERS, AND PROGRAM PARTICIPANTS AND THEIR FAMILIES.

I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE, OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILD(REN)'S ATTENDANCE AT GRAVITY OR PARTICIPATION IN GRAVITY PROGRAMMING WITH RESPECT TO THE COVID-19 VIRUS ("CLAIMS") .

ON MY BEHALF, AND ON BEHALF OF MY CHILDREN, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS GRAVITY, ITS OFFICERS, MANAGERS, EMPLOYEES, AGENTS, AND REPRESENTATIVES, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF GRAVITY, ITS OFFICERS, MANAGERS, AGENTS, EMPLOYEES, VOLUNTEERS, AND PROGRAM PARTICIPANTS AND THEIR FAMILIES, WHETHER A COVID-19 INFECTION OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN ANY GRAVITY PROGRAM.

Intent to Be Bound. I READ THIS AGREEMENT. I UNDERSTAND IT AND INTEND TO BE LEGALLY BOUND BY IT. I UNDERSTAND THAT BY SIGNING THIS WAIVER AND RELEASE I AM GIVING UP VALUABLE RIGHTS AND ASSUMING BINDING OBLIGATIONS AND RISKS. I AM SIGNING THIS WAIVER AND RELEASE VOLUNTARILY.

Parent / Legal Guardian Signature: _____ Date: _____

Parent / Legal Guardian Signature: _____ Date: _____



Parent and Students Participation Agreement

Doing my part to keep everyone safe.

I want to do my part to keep my child(ren), her teammates, the coaches, other families, and everyone else at the gym as safe as possible under the Covid-19 pandemic.

I understand and agree that:

Athlete will be dropped off and picked up at the assigned gym door.

Athlete will not exit the car or facility until his/her parent is the first car in line and the athlete is instructed to do so by Gravity Gymnastics staff.

Only one parent or non-participating individual per athlete will be allowed to enter the building at the main entrance if necessary.

As a parent I am required to wear a mask when I enter Gravity Gymnastics premises.

As an athlete I am always required to wear my face mask.

Athletes are required to wear face mask during exercising unless exemption is requested by student's pediatrician.

My athlete and I will support physical distancing standards of 6 feet while at the gym.

Practice start and end times will be staggered to insure time for the athletes to get in and out of the gym safely, to provide time to wipe down the equipment between each practice, and for teachers to thoroughly wash their hands.

My child will have regular opportunities to use the hand sanitizing stations available in all areas of the facility.

My child will use the restroom and wash his/her hands thoroughly before leaving home and while at the gym as needed.

My child will bring his/her clearly marked personal items as per program specifications. Personal items will not be shared between students.

I understand that garage doors and windows will be lifted frequently during the day to improve ventilation of the building.

I agree to keep my child home if he/she or anyone in my family is coughing, has a temperature of or over 100, or other Covid-19 symptoms.

____ I understand and agree that these procedures will change and evolve over time and that we will follow any new standards required by the State of Florida and/or local authorities.

We understand that the coaches and everyone at the gym 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. We are aware that spotting is part of training athletes; however, we plan to limit spotting as much as possible in order to observe social distancing. I further understand that I am voluntarily allowing my child to participate in programs and activities offered by Gravity Gymnastics, knowing that it is impossible to keep him/her, myself, or anyone else who enters the gym completely safe from exposure to the Covid-19 virus.

I have read, understood, and agree to follow the following policies and procedures.

Parent Signature: _____ Date: _____

Gymnast Signature: _____ Date: _____