



Open Gym
Guest information and waiver

Child's name _____ DOB ____/____/____
_____ DOB ____/____/____
Parent/Legal Guardian _____ Cell Phone # _____
Address _____ City _____ Zip _____
Preferred email _____
Emergency Contact _____ Cell Phone # _____
Medical Conditions (allergies, asthma, etc.) _____
Have you ever been to Carousel Gymnastics? _____ How did you hear about us? _____

ASSUMPTION OF RISK – WAIVER OF LIABILITY – MEDICAL AUTHORIZATION – PHOTO RELEASE

- 1) I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, and trampoline. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any program or activities with Carousel Gymnastics I ACCEPT ALL RISKS associated with such participation.
- 2) In consideration for my for child(ren)'s participation I hereby, myself and my child(ren) PROMISE NOT TO SUE and FOREVER RELEASE Carousel Gymnastics, their respective owners, directors, employees, and volunteers from all liability resulting from damages or injuries as a result of participation including those resulting from acts of negligence.
- 3) In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical attention and I hold Carousel Gymnastics and their representatives harmless in the execution of such. In addition I agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at Carousel Gymnastics.
- 4) I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for me or my child(ren) participation I hereby grant my permission for my child's likeness to be used in Carousel Gymnastics publicity or advertising.

I want to do my part to help Carousel Gymnastics keep my child(ren), teammates, the coaches, other families, other students and everyone else at the gym as safe as possible under the COVID-19 pandemic. I have read, understand and agree to follow the following policies and procedures.

- Only one parent may enter the gym with their child. Parents are welcome to drop off and pick up in front of the gym.
- While parents are always welcome to watch, Carousel will need to limit in-person viewing because our observation area will accommodate 95% fewer spectators if we are to conform to the 6' distancing standards.
- I will support the social distancing standard of 6' while at the gym.
- If all viewing space is taken, no further seating will be possible and parents will need to wait outside.
- Students must use the restroom and wash their hands thoroughly before coming in the gym. Students should always wash both hands and feet after returning home. Hand sanitizer will be provided throughout the gym and waiting areas.
- I agree to keep my gymnast or ninja home if my child or anyone in my family is coughing, has a temperature over 100.4 degrees, or other COVID-19 symptoms.
- I am aware that my child may wear a mask, but that it is not required to do so.
- I understand and agree that these procedures will change and evolve over time and that I will follow any new standards required by the State of Wisconsin and/or Carousel Gymnastics.

I understand that the coaches and everyone at Carousel Gymnastics 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 my gymnast or ninja 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 Carousel Gymnastics, LLC., knowing that it is impossible to keep my child, myself or anyone else who enters the facility completely safe from exposure to the COVID-19 virus. I accept that risk.

I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION and PHOTO RELEASE. I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN signature _____ Date _____

Printed Name: _____