

RELEASE FORM

**ADULTS ALLOWED ON THE FLOOR ONLY FOR PARENT TOT AND PRIVATE PARTIES.
PLEASE SEE WEB OR BROCHURE FOR RECOMMENDED AGES.
CHILDREN WITH CASTS/OBVIOUS INJURIES WILL NOT BE ALLOWED ON THE FLOOR.**

- I understand that participation in any instructional or recreational activities at Emerald City Gymnastics, Inc. ("ECG"), including, but not limited to, gymnastics, dance, ballet, cheerleading, trampolining, tumbling, Bump City, Monster Mountain (rock climbing), Ropes Course and any other related programs at ECG (the "Programs") is voluntary, and that all Programs and the use of the related facilities and equipment therein carries various physical and other risks. I consent to my minor child participating in one or more of the Programs.
- I agree, on behalf of myself and my minor child, to assume the risk of any and all illness or injury (minor, serious or catastrophic in nature, including claims and suits for any injury, fatal or otherwise) or damage (to person or property) resulting from participation in all Programs, whether allegedly resulting from my negligence or the alleged negligence of ECG or any of its officers, directors, instructors, agents, employees or representatives, whether paid or volunteer ("ECG Staff").
- I understand that my and my minor child's presence at ECG and my minor child's participation in the Programs may give rise to the transmission of various illnesses, including the common flu and the novel coronavirus (COVID-19), whether from other Program participants, ECG Staff or other individuals. I specifically agree, on behalf of myself and my minor child, to assume the risk of any and all illness (including personal injury, disability and death) resulting from my or my minor child's presence at ECG or my minor child's participation in the Programs, whether allegedly resulting from my negligence or the alleged negligence of ECG or the ECG Staff. I further agree to promptly notify ECG if I or my minor child experiences symptoms of a communicable illness or virus or if I have been diagnosed with a communicable illness or virus.
- I understand that if I or my minor child becomes ill or is injured or our property is damaged while participating in the Programs, that the illness, injury or loss will not be covered or reimbursable by ECG.
- I hereby waive all claims, on behalf of myself and my minor child (including claims that may be brought after attaining majority), now or in the future, for any such damages and hereby release and discharge ECG and the ECG Staff from any and all liability for any such damages.
- I assume full responsibility for all liability in connection with such damages, and agree to indemnify ECG and the ECG Staff against any and all such claims and related costs, including claims by my minor child that may be brought after attaining majority.
- I certify that (i) my minor child is in good health and that he or she has no physical limitations that would preclude him or her from the safe use of the facilities and equipment related to the Programs offered by ECG and (ii) I have sufficient health, accident and liability insurance to cover any damages that may result as a result of my minor child's participation in the Programs, and if I have no such insurance, I am capable of personally paying.
- From time to time, ECG may take pictures/videos of Program participants to use for ECG's website, brochures and posters, or training purposes. I hereby grant to ECG the unconditional right to use the name, voice and likeness of my minor child in connection with any publications or materials (whether print or digital), audio/visual productions, website and social media.
- I fully understand that none of the ECG Staff are physicians or medical practitioners of any kind. With the above in mind, I hereby release and grant permission to the ECG Staff to render temporary first aid to me and my minor child in the event of any injury or illness, and if deemed necessary by the ECG Staff to call a doctor to seek medical help, including transportation by an ECG Staff member to any health care facility or hospital, or the calling of an ambulance for me or my minor child if the ECG Staff considers it necessary.

NAME OF BIRTHDAY CHILD: _____

Child(ren)'s Name(s) Age Signature of Parent/Guardian Date Phone
