

Westchester Gymnastics

WAIVER AND RELEASE FORM 2020-2021

Student's Name _____

I fully understand that the Westchester Gymnastics staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Westchester Gymnastics staff members to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the staff members to seek medical help, or call a doctor, including transportation by a Westchester Gymnastics staff member and or its representatives, whether paid or volunteer, to any health care facility or hospital, or calling of an ambulance for said child should the Westchester Gymnastics staff deem this to be necessary.

Student's Name _____ DOB: _____

Parent or Guardian Initial _____ Date: _____

We, the staff of Westchester Gymnastics, recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sport of gymnastics, tumbling, cheerleading, and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, Tumbling, and Dance can be dangerous and can lead to injury. If for any reason I bring legal action against Westchester Gymnastics and their staff. I am aware I will be legally responsible for all legal fees for myself and those of Westchester Gymnastics and their staff. Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and coaches' instructions. I also understand that it is the parents' responsibility to warn the child about the dangers and injury. The parent should warn the child according to what the parent feels is appropriate. Westchester Gymnastics will only warn the child through safety messages, and our teaching style and progressions. Westchester Gymnastics, its coaches and other staff members, will not accept responsibility for injuries sustained by any student during the course of gymnastics, tumbling, dance, cheerleading, open workouts, or in the course of any exhibition, competition, or clinic in which he or she may participate or while traveling to or from any event. With the above in mind, I am fully aware of and appreciate the risks of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with the participation in Gymnastics, Tumbling, and Cheerleading activities and events. I also affirm that I now have and will continue to provide proper hospitalization, health, and accidental insurance coverage which I consider adequate for both my child's protection and my own protection.

Parent Initial: _____

I want to do my part to help Westchester Gymnastics keep my child(ren), her classmates, the coaches, other families and everyone else at the gym as safe as possible under the Covid-19 pandemic. I have read, understood and agree to the following policies and procedures.

I understand and agree that:

- I will drop my gymnast off and pick her up at the designated door to the gym. All gymnasts will be temperature and symptom checked before entering Westchester Gymnastics.
- Should I need to contact the gym I will call the front desk
- My gymnast and I are required to wear a mask when entering Westchester Gymnastics facility.
- Gymnast will be dropped off and picked up at the main entrance.
- I am aware that my child will wear a mask in all common areas, but that he/she is not required to do so on the gym floor.
- I will support the social distancing standard of 6' while at the gym. There will be no congregating inside the building at any time.
- Class start and end times will be staggered to insure time for the gymnasts to get in and out of the gym safely, to provide time to wipe down the equipment between each class/practice and for staff to thoroughly wash their hands.

- My gymnast will have regular opportunities to use the hand sanitizing stations that have been installed throughout the gym.
- My gymnast will use the restroom and wash his/her hands thoroughly before leaving home and while at the gym after each event rotation.
- My gymnast will bring his/her clearly marked bag to the gym each day with all recommended items included. All items must be brought home every night and washed or sanitized. **Item list to follow
- All gymnasts will bring their own water bottle and any water bottles left will be disposed of every night. Water ONLY and absolutely no food will be allowed at Westchester Gymnastics.
- I will have my gymnast wash hands and feet thoroughly upon arriving back home and his/her bag will be cleaned upon arriving home and again before he/she brings it back into the gym.
- I agree to keep my gymnast home if he/she or anyone in my family is coughing, has a temperature of 100 or above, has a sore throat or other Covid-19 symptoms.
- 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 New York and/or Westchester Gymnastics.

Parent or Guardian Initial _____

I 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. I am aware and agree that spotting is an essential part of training my gymnast in order to keep him/her safe and to prevent injury. I will allow my child to be spotted when spotting is necessary (coach will have a mask on at the time of spotting). I further understand that I am voluntarily allowing my child to participate in programs and activities offered by Westchester Gymnastics, Inc., 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 accept that risk. I hereby verify by my child's participation in any activities at Westchester Gymnastics, Inc. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be complete and unconditional release of all liability risks of Westchester Gymnastics, owners, officers and staff.

Parent or Guardian Name (print): _____

Parent or Guardian Signature: _____ Date: _____