



Balance 180 Gymnastics & Sports Academy

AUTHORIZATION

I fully understand that the staff of Balance 180 Gymnastics and Sports Academy Inc. (Balance 180) are not physicians or medical practitioners of any kind. With that in mind, I hereby release Balance 180 to render first aid to my child in the event of any injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child or guarantee payment of any medical expenses incurred as a result of training, performing, or participating in activities with Balance 180. **INITIALS:** _____

Does your child have any medical conditions or take any medications we should be aware of? (ex.: asthma, breathing problems, heart condition, etc.):

Has your child had any recent injuries or surgeries or any other medical condition (mental or physical) we should be aware of:

Date of last physical: _____ Result: _____

ASSUMPTION OF RISK - WAIVER OF LIABILITY - PHOTO RELEASE

As a parent or legal guardian of : _____, I hereby consent to his/her participation in any or all of the programs offered by Balance 180 Gymnastics and Sports Academy Inc. (Balance 180). I understand that participation in gymnastics, tumbling, trampoline, dance, and any and all other activities at Balance 180 may result in unavoidable injuries. These injuries include but are not limited to: muscle and other soft tissue strains, sprains and tears, broken bones, and severe injuries such as concussions, paralysis, permanent disability or even death from various causes, known and unknown. These causes include, but are not limited to: the heights of the equipment and the body during certain movements, rotation of the body, and movement of the body in a unique environment. I am fully aware of all the inherent risks involved in gymnastics, tumbling, trampoline, dance, and any and all other activities at Balance 180 and the possibility of injury from participating in the aforementioned activities.

In consideration for allowing my child to participate in activities offered by Balance 180 I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have or my child has against Balance 180. This includes any agent, employee, representative, or other acting on their behalf. I also agree to indemnify, defend and hold harmless Balance 180, or any agent, employee, representative, or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by Balance 180. It is also my intent to release, Balance 180, or any agent, employee, representative, or other acting on their behalf from liability for ordinary negligent conduct, which may occur in the future and I agree not to sue.

I am aware that individual and group publicity photos, recordings and videos are taken from time to time and in consideration for my child(ren)'s participation I hereby grant my permission for my child(ren)'s likeness to be used forever in any of Balance 180's publicity or advertising.

This acknowledgement of authorization, assumption of risk, waiver of liability, and photo release has been read, understood completely, and signed voluntarily by me. I am 18 years of age or older.

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____



Assumption of Risk and Waiver of Liability Relating to COVID-19

The novel Coronavirus, COVID-19, is a worldwide pandemic as declared by the World Health Organization (WHO). COVID-19 is contagious and is believed to be spread mainly from person-to-person contact. In efforts to reduce the spread of the disease, state and local governments have put forth standards for gyms to abide by as they reopen for business. Balance 180 follows state and local regulations and CDC/WHO guidelines to keep our athletes and staff safe and reduce the spread of COVID-19. This includes wearing masks and/or social distancing, promoting and enforcing hand hygiene and frequent sanitation of high touch surfaces. Despite these measures, Balance 180 cannot guarantee that you or your child(ren) may not become exposed and/or infected with COVID-19 when attending activities at Balance 180.

ASSUMPTION OF RISK:

By signing this agreement, you acknowledge that you are aware of the contagious nature of COVID-19 and voluntarily assume the risk that your child(ren) and you may be exposed to or infected by COVID-19 by attending Balance 180 activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. You understand that the risk of becoming exposed to or infected by COVID-19 at Balance 180 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Balance 180 employees, team members, volunteers, and program participants and their families.

WAIVER OF LIABILITY:

By signing this agreement, you attest that you voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to your child(ren) or yourself (including, but not limited to personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind, that you or your child(ren) may experience or incur in connection with my child(ren)'s attendance at Balance 180 or participation in Balance 180 programming ("Claims").

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Balance 180, its 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 Balance 180, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Balance 180 program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Athlete 1's Name

Athlete 2's Name

Athlete 3's Name