



Dynamics Gymnastics Special Events Waiver Form.

Open Gym – Birthday Parties – Parents Night Out

If you are NOT currently a member of Dynamics Gym, this waiver form must be completed in order for you to participate. Waiver forms will be held on file for the remainder of the year should you participate in another event this year.

Guest Name:

Last name _____ First _____ DOB _____ M F

Address: _____ City _____ State _____ Zip _____

Parents Name: _____ Cell # _____ Other: _____

Person to call in EMERGENCY if parents cannot be reached:

Name: _____ Cell # _____ Other _____

I realize that I am responsible for all medical expenses for my child that may be needed due to their participation at your facility, and/or under your supervision. I understand that participation in gymnastics and related activities involves motion, rotation and height in a unique environment and as such, carries with risk of injury. I am voluntarily allowing my child to participate in this activity with knowledge of risk involved, and hereby agree to accept any and all inherent risk of property damage, personal injury or death. I hereby release Dynamics Gymnastics Center, LLC, its affiliates, agents, owners and employees from any liability for accidents while participating at Dynamics Gymnastics.

I hereby state that my child has no mental or physical conditions that prohibit full participation in gymnastics. I also agree to inform Dynamics Gymnastics of any condition that Dynamics Gymnastics Center's staff should be aware of in dealing with the student during normal activities or in case of any emergency. All safety rules must be observed. No jewelry is to be worn and no food or gym will be consumed in the gym. Dynamics Gymnastics Center will not be responsible for any personal items brought.

Signing this release will include giving permission for us to possibly use you or your child's picture, likeness or testimonial in promotion and advertising for the gym. It is understood that no compensation will be given by the gym or by the user of such picture. This agreement and waiver having been read, thoroughly and understood completely, is signed voluntarily as its content and intent.

Parent or Legal Guardian's Signature _____ Date: _____

Doing My Part to Keep Dynamics Safe.

I want to do my part to help Dynamics Gymnastics keep my child(ren), their classmates/teammates, the coaches/staff, other families, and everyone else at the gym as safe as possible

during the COVID-19 pandemic. I have read, understood, and agree to the following policies and procedures.

**Note: Every family must have this agreement on file before a gymnast can participate in activities.*

I understand and agree that:

- All participants/members/staff/guests will have their temperature checked with a touchless thermometer prior to entering the facility and anyone with a temperature above 99.5 will not be permitted to enter.
- Only one parent or non-participating individual will be allowed to enter the building at the main entrance.
- I am strongly encouraged to wear a mask but not required at all times in the facility.
- I am aware that my child may wear a mask but he or she is not required to do so.
- I will support the social distancing standard of six to ten feet while in the gym.
- Competitive workouts and class start/end times will be staggered to ensure time for the gymnasts to get in and out of the gym safely, to provide time to wipe down the equipment, and for coaches/staff to thoroughly wash their hands.
- My gymnast 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 their hands thoroughly before leaving home and while at the gym as needed.
- I will have my child wash their hands and feet thoroughly upon arriving back home.
- I agree to keep my child home if they or anyone in my family is coughing, has a temperature over 99.5 degrees, or is exhibiting other COVID-19 symptoms.
- I understand that these procedures will change and evolve over time and that I will follow any new standards required by the state of Minnesota and/or Dynamics Gymnastics Center.

I understand that the coaches, staff, 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 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 Dynamics Gymnastics Center, knowing that it is impossible to keep them, myself, or anyone else who enters the gym completely safe from exposure to the COVID-19 virus. I accept that risk.

Name of Gymnast(s): _____ Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____