

Payment, Policies and Procedures

BY SIGNING BELOW, I acknowledge reading, understanding, and accepting the statements herein.

AGREEMENT TO PARTICIPATE AND LIABILITY WAIVER - I understand gymnastics and other sports activities involve risk and possible injury, including but not limited to paralysis, death, emotional distress, or physical injury to my child or others, and/or damage to property.

I understand that it is my responsibility as my child's parent or guardian not to allow participation if there are any physical, emotional, and behavioral or other problems that might compromise safe involvement.

I understand that Edge Gymnastics Training Center LLC dba Edge Gymnastics does not carry medical insurance for participants and forever release the Edge Gymnastics, staff, owners, facility, and equipment owners, and other related parties from the responsibility or liability for insurance deductibles, medical expenses, and/or other damages incurred by my child, myself, or other family members while participating or visiting the facilities, parking area, or traveling to or at a related activity. I expressly agree and promise to accept and assume all of the risks existing in this activity as outlined above.

My participation or my child's participation in this activity is purely voluntary, no person(s) are forcing me or my child to participate and I elect of my own volition to participate or have my child participate with full knowledge of the inherent risks involved.

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Edge Gymnastics, from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my participation or my child's participation in this activity, including those allegedly attributable to the negligent acts or omissions of Edge Gymnastics or their staff.

Should Edge Gymnastics, or anyone acting on their behalf, be required for any reason to incur attorney fees and costs to enforce this agreement, I agree to indemnify and reimburse Edge Gymnastics for such fees and costs.

I understand that injuries can and do occur and that health insurance is a requirement. I certify that I have health, accident, and liability insurance to cover any bodily injury or property damage I or my child may cause or suffer while participating in the sport of gymnastics or any other activities in or related to Edge Gymnastics or else I agree to indemnify and reimburse Edge Gymnastics for such fees and costs as incurred.

COVID-19 ACKNOWLEDGEMENT– I fully understand that there are dangers and risks to which I, my children, family members and others may be exposed to by entering Edge Gymnastics, including but not limited to, the contraction of COVID-19 and any mutation thereof. In no event shall Edge Gymnastics be liable for direct, indirect, or incidental contraction of COVID-19 and any mutation thereof.

I understand that Edge Gymnastics is permitting individuals to enter the premises despite the ongoing spread of COVID-19 (also referred to as the Coronavirus or SARS-COV-2). Said permission by Edge Gymnastics to enter the premises is not to be relied upon as determination that it is safe or advisable even if done in accordance with the guidelines set forth by the Center for Disease Control, the United States, California or Alameda County governments. All persons that enter Edge Gymnastics do so at their own risk and peril.

I assure Edge Gymnastics that I am not aware of any health-related reasons or problems which would preclude, restrict, or otherwise advise against the presence of myself or my family members at Edge Gymnastics. This includes exposure within the last 14 days to an individual, diagnosed or presumed to be diagnosed with COVID-19 and any mutation thereof.

I agree to hold Edge Gymnastics, its owners and employees, harmless from all claims made by third parties that are in any way associated with my entry onto the premises of Edge Gymnastics.

I understand that this waiver is binding on all of my minor children and minors for whom I am the legal guardian.

AUTHORIZATION OF MEDICAL CARE - In case of injury or illness during participation, I authorize and desire medical care for myself or my child at the discretion of the attending physician. I accept responsibility for all associated expenses.

PARENT RESPONSIBILITY TO SUPERVISE - When I visit Edge Gymnastics, or am involved in any related activity involving parental presence or participation, I understand and accept the responsibility, and any associated liability, of constantly supervising, controlling, and restricting activities as necessary to assure safety of the children I bring and myself.

PHOTOGRAPHS AND STATEMENTS - I authorize use of my own and my child's visual image and statements in newsletters, posters, websites, and all other advertising.

VALID DATES - These agreements, waivers, and authorizations will remain valid and in force as long as and whenever my child, myself, or any family member participates in any activity at or with Edge Gymnastics.

AGREEMENT TO PAY - I understand there are no refunds, credits, or guaranteed make-ups for missed classes due to personal reasons or inclement weather, and I am obligated to pay full tuition, including the \$50 annual membership fee upon registration and monthly thereafter. I accept the responsibility of paying for any damage to facility and equipment caused by myself or a family member. I understand there is a \$10 change fee if I switch classes before the month is complete.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation or my child's participation in this activity, I may be found, by a court of law, to have waived my right to maintain a lawsuit against Edge Gymnastics on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read and fully understand this entire document and I agree to be legally bound by its terms.

Gymnast Name: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: _____