



## EVENT WAIVER FORM

Activity:

Family Last Name: \_\_\_\_\_ Parent's Name \_\_\_\_\_

**Contact Information:**

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Not Feeling well?**

Any athlete, staff, or parent that shows any sign of illness upon arrival or during class or your event will be asked to leave immediately. It is very important that we all do our best to keep everyone safe from illness.

**Covid 19 Questionnaire:**

Please read the following questions carefully and respond as honestly as possible. Circle yes or no and initial each line.

Has your athlete or anyone in your household shown any signs of Covid 19 including fever, fatigue, extreme fussiness, chills, shivering, sweating, headache, cough or shortness of breath?

YES/NO (initial) \_\_\_\_\_

Has your athlete or anyone in your household come in contact with a person diagnosed with Covid 19 in the last two weeks?

YES/NO (initial) \_\_\_\_\_

**PLEASE COMPLETE BOTH FRONT AND BACK OF THIS FORM**

## WAIVER, PHOTO RELEASE & POLICIES

### ASSUMPTION OF RISK

WARNING! Catastrophic injury, paralysis or even death can result from participation in this activity. In agreeing to my child's participation and/or training in gymnastics, I hereby acknowledge my understanding that this activity involves greater than normal risk of injury. While PAX Gymnastics is committed to taking every possible step for the safety of my child and my family, I acknowledge that there is inherent risk of contracting an infectious disease in any public space. I acknowledge receipt and understanding of this waiver and do, hereby, release PAX Gymnastics, LLC of any liability with regards to myself, my child and any of my family that enter the PAX Gymnastics facility.

### SPOTTING

Spotting will be provided in gymnastics and ninja classes. Direct assistance will be provided in the event of an injury or suspected injury to assess the child and proceed according to needs.

### SANITIZATION

PAX Gymnastics is committed to cleaning and sanitizing our facility and equipment throughout the day to provide the most sanitary environment possible for our customers.

### ILLNESS

I acknowledge that it is my responsibility as the parent or caregiver to make sure I am not bringing any person (my child, sibling, myself) into the PAX facility with any symptoms of illness. I understand that if any PAX staff member feels that any customer is showing signs of illness, they will be asked to leave the building immediately.

### RELEASE OF LIABILITY

I agree, for myself or as my child's parent/guardian to assume responsibility for all risks, costs, or losses sustained by me, my child or my child's family in connection with participation in gymnastics classes, programs, lessons, competitions, birthday parties, open gyms, camps, field trips or any other activities connected with PAX Gymnastics, LLC. I hereby release and agree to hold harmless and to indemnify PAX Gymnastics employees, owners and volunteers from any claims, losses or expenses incurred on behalf of me, my child or my child's family.

### MEDICAL EMERGENCIES

I hereby give my permission for PAX Gymnastics staff and/or an appropriate medical facility to take whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of me or my child while under the supervision of PAX Gymnastics. In case of an emergency, I understand that I or my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources deem it necessary. Transportation will be at my own expense. It is understood that in some medical situations, the PAX Gymnastics staff will need to contact the local emergency resource before the parent, physician and/or other acting on behalf of the parent or family can't be reached.

### PHOTO AND MEDIA RELEASE

I understand that my child's photograph or video may be taken during participation in any activity (class, team instruction, birthday party, open gym, special event, etc.) at PAX Gymnastics or at a function sanctioned by PAX Gymnastics. I hereby grant permission to PAX Gymnastics to use my child's photograph or likeness in any publicity or promotional publications (e.g. website, social media, newspaper ads, bulletin boards, newsletters, programs, brochures, public broadcasting releases, etc.) and to allow videoing of my child for broadcast purposes.

### PAYMENT POLICIES

All PAX Gymnastics MONTHLY CLASS & TEAM members must be on a monthly auto-payment for tuition. Payment will be drafted from your debit or credit card (VISA, MasterCard or Discover) on the first of each month. PAX customers will have 2 business days to provide updated billing information before receiving a \$30.00 administrative fee for a declined payment. PAX charges an annual registration fee of \$55.00 per student or \$90.00 per family upon registration of the School Year Session.

All PAX Gymnastics SUMMER SESSION CLASS students must provide billing information at the time of registration. Payment for the summer class session will be billed on the first day of the Summer Session.

All PAX Gymnastics SUMMER CAMP students must provide billing information at the time of registration and will be charged a \$75.00 non-refundable deposit for each week of enrollment to be applied toward the balance of each week a student is enrolled. The balance of enrollment will be billed on the Monday of each week a student is enrolled.

### 30-DAY DROP POLICY

A parent or guardian must notify the front desk, either in person or via email, if you are planning to discontinue your child's enrollment in a class. Please do not leave a voicemail. A 30-day drop notice is required and you will be billed and charged the full 30 days from the date that we receive your drop notification.

### MAKE-UP POLICY / CLOSING DATES

Two make-up classes are permitted for the School Year Session, September-June. One make-up class is permitted for the Summer Session, June-August. Make-up lessons do not carry over into the next session. We do not allow students to "drop by" or "jump in" a class for make-up. All make-ups will take place during MAKE-UP FRIDAY'S. Make-Up Friday's will be scheduled throughout the year and posted on the PAX Gymnastics website and social media sites. Register for your make-up class through our website. If a make-up class is scheduled and missed, another make-up class CANNOT be scheduled and you will forfeit the opportunity to make up the original absence.

Closed dates: 9/4/23, 11/22-23/23, 12/22/23-1/7/24, 3/25-29/24, 5/27/24

### ONLINE REGISTRATION

For your convenience, PAX Gymnastics automatically stores your card number in accordance with legislated procedures. You may review transactions made with this stored information in your online customer portal at any time.

I have read and agree to all the information listed above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_