



Open Gym/Birthday Party Guest 2024
Information and Waiver

Child's name _____ DOB ____/____/____ Gender: M F
_____ DOB ____/____/____ Gender: M F
_____ DOB ____/____/____ Gender: M F

Parent/Legal Guardian _____ Cell Phone # _____

Relationship (circle one) Mother Father Grandmother Grandfather Other: _____

Address _____ City _____ Zip _____

Preferred email _____

Emergency Contact _____ Cell Phone # _____

Medical Conditions (allergies, asthma, etc.) _____

Have you ever been to Carousel Gymnastics? _____ How did you hear about us? _____

ASSUMPTION OF RISK – WAIVER OF LIABILITY – MEDICAL AUTHORIZATION – PHOTO RELEASE

- 1) I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities including but not limited to gymnastics, tumbling, and trampoline. Being fully aware of these dangers, I hereby give consent for my child(ren) to participate in any program or activities with Carousel Gymnastics, I ACCEPT ALL RISKS associated with such participation.
- 2) In consideration for my child(ren)'s participation I hereby, myself and my child(ren) PROMISE NOT TO SUE and FOREVER RELEASE Carousel Gymnastics, their respective owners, directors, employees, and volunteers from all liability resulting from damages or injuries because of participation including those resulting from acts of negligence.
- 3) In the event of an accident or emergency I hereby authorize my child(ren) to be transported to a hospital for medical attention and I hold Carousel Gymnastics and their representatives harmless in the execution of such. In addition, I agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) because of any injury sustained while participating at Carousel Gymnastics.
- 4) I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for me or my child(ren) participation I hereby grant my permission for my child's likeness to be used in Carousel Gymnastics publicity or advertising.

I want to do my part to help Carousel Gymnastics keep my child(ren), teammates, the coaches, other families, other students, and everyone else at the gym as safe as possible. I have read, understand, and agree to follow the following policies and procedures.

- I agree to keep my gymnast or ninja home if my child or anyone in my family is coughing, has a temperature over 100.4 degrees, or any other virus symptoms.
- I agree to follow CDC guidelines and doctor recommendations for any COVID-19 positive results or any other viruses.
- 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 Wisconsin and/or Carousel Gymnastics.

I am aware and agree that spotting is an essential part of training my gymnast or ninja 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 Carousel Gymnastics, LLC., knowing that it is impossible to keep my child, myself or anyone else who enters the facility completely safe from exposure to any viruses. I accept that risk.

I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION and PHOTO RELEASE. I VOLUNTARILY affix my name in agreement.

PARENT/LEGAL GUARDIAN signature _____ Date _____

Printed Name: _____