



#### MAKE-UP POLICY

-Valley gymnastics offers one make-up class per month for all students. Ages 5 and up make up on the first Friday of each month as part of the Open workouts from 6:00 - 7:00PM. The make up class for 2-4 year olds must be made up in another pre-school class. Call the front desk at 315-736-4400 to sign up for all make up classes. Make-ups must be done within 30 days.

#### PHOTO AUTHORIZATION

I am aware that photographs may be taken of participants during events, activities and classes by VGC staff members, professional photographers, or news media. I understand that I can request to not have my child's picture taken. I hereby give my consent for Valley Gymnastics Training Center Inc., to use photos of my child in future flyers, websites, and social media, etc.. I understand that Valley Gymnastics Training Center may take photos of its programs and events, and their participants from time to time and that these photos remain the property of VGTC, Inc..

#### Acknowledgement of Risk and Waiver of Liability

Our child has no physical or health conditions that would limit his/her participation in gymnastics activities or present a known and undue risk of transmitting any virus and/or disease to other participants in these activities. We hereby give permission for our child to have his/her temperature taken before participation in activities at Valley Gymnastics Training Center; participate in activities at Valley Gymnastics Training Center; and to work on all the necessary equipment. We understand that Valley Gymnastics Training Center will keep confidential information regarding participants' temperatures and reserves the right to exclude individuals from participation in activities based on this information in accordance with its policies. I/we understand that Valley Gymnastics Training Center may inform other participants of any confirmed diagnosis of COVID-19 (or other transmittable virus/disease), to the extent they may have been exposed, but will maintain confidentiality to the extent possible; I/we waive all privacy related claims based on such disclosures(s). We assume all risks and hazards incidental to the conduct of this activity and transportation to and from this activity. In case of emergency, the Valley Gymnastics Training Center, staff has our permission to use their judgment with regard to treatment until we are contacted.

WARNING...catastrophic injury, paralysis, or death can result from improper conduct of this activity

*I/We agree and consent that participation is voluntary and at each individual's own risk. I/We acknowledge that participation entails known and unknown risks that may result in physical injury; the transmission of virus and/or disease; or other injury, loss, or death of any participant(s). I/We understand that such risks simply cannot be eliminated. I/We knowingly, voluntarily, and expressly assume the risk of, and responsibility for, injury and damages. I/We specifically agree that the employees, owners, volunteers and other agents of Valley Gymnastics Training Center ("the Released Parties") shall not be responsible for such injuries/damages, even if caused in whole or part by the negligence or fault of the Released Parties, whether such negligence is present at the signing of this Waiver or takes place in the future. This waiver and release does not apply to gross negligence or intentional torts by the Released Parties.*

*To the extent allowed by applicable law, I/We agree that I/We will waive, release, discharge, covenant not to sue, and indemnify and hold harmless (from all damages and expenses, including attorney fees) the Released Parties from any and all claims for injury and damage that the child(ren) listed on this form suffer, even if the risk(s) arise out of the negligence or fault of the Released Parties. By executing this Agreement, I/We agree that the Released Parties shall not be liable for any damages arising from personal injuries sustained by the child(ren) listed on this form as a result of any and all activities related to participants in activities at Valley Gymnastics Training Center.*

*By signing, I/We expressly state that I/We have had sufficient opportunity to read and consider this entire Waiver and ask any questions associated with it; agree that I/We have read and understood it and voluntarily agree to be bound by its terms; and acknowledge that this Waiver contains a waiver and release of claims. I/We agree that if any portion of this Waiver is found to be void or unenforceable, the remaining portions shall remain in full force and effect.*

**NOTE: Following an injury, a "Return to Activity Form" is required prior to returning to the gymnastics activities. Always notify the coaching staff if your child is taking medications.**

#### Parent/Guardian's Signature

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of legal guardian

\_\_\_\_\_  
Date