

SPECIAL ACTIVITIES WAIVER AND RELEASE OF LIABILITY

Child's Name _____ Sex F / M DOB ____ / ____ / ____ Home #: _____
Address _____ City _____ State _____ Zip _____
Mother's Name: _____ Cell #: _____ Work #: _____ E-mail: _____
Father's Name: _____ Cell #: _____ Work #: _____ E-mail: _____
Emergency Contact: _____ Phone #: _____ Relationship: _____

As legal guardian of _____, I recognize that potential injury, can occur in sports or activities involving,
(child's name)
height or motion. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participating in all Palmer Sports, Inc. activities and I accept all risks associated with that participation.

In consideration for allowing my child to use these facilities, I on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby covenant not to sue and forever release Palmer Sports, Inc., it's officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control of Palmer Sports, Inc. including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees or agents.

I have read and understand this assumption of risk and waiver of liability and I voluntarily affix my name in agreement.

I agree that any photograph or video taken while participating may be used for promotional purposes for Palmer Sports, Inc.

COVID19 ACKNOWLEDGEMENT

I acknowledge the contagious nature of COVID19. I further acknowledge that Palmer's Gymnastics can not guarantee that I or my child will not become infected with COVID19. I understand the risk of becoming exposed to and/or infected by COVID19 may result from the actions, omissions, or negligence of myself and others, including but not limited to, staff, other clients and their families.

I voluntarily seek services by Palmer's Gymnastics and acknowledge that I am increasing my risk of exposure to COVID19. I acknowledge that I must comply with all set procedures to reduce the spread while attending Palmer's Gymnastics.

I understand that due to COVID19, there may be cancellations of activities. These cancellations are out of our control and therefore NO REFUNDS or MAKE-UPS will be given.

(Signature of Parent or Legal Guardian or Participant if Over 18)

Date