



Owego Gymnastics General Release and Emergency Contact Form

In accordance with our gym policy, **everyone** entering our facility, over the age of 2 years old and regardless of vaccination status **must wear a mask**. All contact information on form **must** be filled out before participating in an activity at the Center.

Child's Name _____ Parent/Guardian's Name _____

Email address: _____ City, State Reside: _____

Phone #: _____ Child's age _____

Emergency Contact: _____ Phone: _____

Any allergies or health conditions: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT INCLUDING COVID-19

I, _____, parent /guardian of _____, hereby give permission for said son/daughter to participate in classes at Owego Gymnastics and Activity Center. I understand that gymnastics is a sport that involves height and rotation of the body; therefore there are inherent risks involved. I hereby testify as to my son's/daughter's qualified, in good health, and in proper physical condition to participate and I authorize the Owego Gymnastics and Activity Center to seek Medical Treatment at the nearest Medical Facility in case of emergency.

An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death... By entering Owego Gymnastics & Activity Center, you voluntarily assume all risks related to exposure to COVID-19.

I am aware that while gymnastics involves incidental contact with other children and staff. OGAC programs are operating in a social and physical distancing environment but even with best efforts and intentions there will be times when the children will breach the prescribed (currently 6') distancing recommendation. In addition, our staff will physically assist/spot when they believe that this would improve safety, and will also provide assistance in the event of an injury. I understand and agree that physical assistance/spotting will be a part of the process at OGAC and I agree to permit the OGAC staff to physically assist my child whenever they believe this assistance is needed.

I agree and understand that all activities are done at the participant's own risk, without liability to this Center, its officers or instructors and have read and agree to follow the Parent/Guardian Responsibilities. I intend this statement to take effect as a sealed instrument.

Signature of Parent or Guardian: _____ **Date:** _____

Release Form Media Recording I grant permission to Owego Gymnastics and Activity Center to use the image of my child, _____, in materials that include, but may not be limited, to brochures and newsletters including streaming of classes. **Yes/No (Absence of signature or circled yes/no is acceptance of release)**

Parent/guardian signature _____

Date _____