## **GLEASON'S WAIVER & RELEASE FORM**

Participants Name		Birthda	ite/	_/
Participants Name		Birthda	ite/	_/
Activity: Class Birthday Party Open Gym _				
Parent Name	Phone #			
Parent Name	Phone #			
Address		State	Zip Code	
Emergency Contact Re	elationship	Phone		
Wai	ver and Release			
WARNING! CATASTROPHIC INJURY, PARALYSIS OR EV	/ENI DEATH CAN DECLI	T FROM THE IN	ADDODED C	ANDUCT OF THE
<b>ACTIVITY</b> In consideration of Gleason's Gymnastic School gymnastics, which activity I hereby acknowledge involchild's parent/guardian to assume responsibility for all in connection with participation in gymnastics classes, or any other activities connected with Gleason's.	ves greater than normarisks, cost, or losses su	al risk of injury, stained by me, r	I agree, for my child, or	myself or as my my child's family
I give my permission to Gleason's Gymnastic School a (first aid, disaster evacuation, etc.) measures as judg while under the supervision of Gleason's Gymnastic Sc	ged necessary for the			
In case of an emergency, I understand that I or my clocal emergency unit for treatment if the local emergown expense.				
It is understood that in some medical situations, the sparent, physician and/or other acting on behalf of the			ergency resc	ource before the
Further, I hereby release and agree to hold harmless at volunteers from any claims, losses or expenses incurred		•	-	•
Speaking for myself or as a legal guardian of this participand accept each of the above conditions for participating Gymnastic School.				
Consent to Photograph and Media Release: I underst course of class instruction, during a special event Gleason's. I hereby grant permission to Gleason's Gy publicity or promotional publications. (e.g., web sit chures, public broadcasting releases, etc.) and to allow ties for broadcast purposes.	at Gleason's Gymnast ymnastic School to use e, newspaper ads, bu	cic School or at e my child's pho lletin boards, n	t a functior otograph or newsletters,	n sanctioned by likeness in any programs, bro
Participant Signature	Da	ate		
If participant is 18 years or older				
Parent/Guardian Signature	Da	ate		
Email address(es)	raccas will be used for			

## **COVID WAIVER ADDENDUM**

## **GGS ATHLETE RESPONSIBILITIES & EXPECTATIONS**

Athletes with symptoms (i.e. fever, cough, shortness of breath, body aches, chills, loss of taste/smell, etc.) will be instructed to stay home as well as notify their lead coach of symptoms if they develop symptoms with 72 hours of their last visit to GGS.

Sick Athletes will be required to consult with healthcare providers and state/local health departments to determine when they can return to GGS.

Athletes with sick/symptomatic/self-isolating due to close contact family members (in house or close contact) should not attend practice.

All athletes will have their temperature taken. Athletes with temps at or above 100.0 will not be permitted to remain in the building and parents will be notified immediately.

Athletes will train in the same, pre-determined groups for every training session to limit exposure.

Athletes may wear masks/PPE during training, but will not be required so. Please be aware that wearing masks during gymnastics may put your child at risk if the mask was to come loose, it could interfere with their vision or cause additional distraction.

Athletes will arrive no more than 15 minutes prior to their scheduled training time and will leave GGS within 5 minutes of the completion of their practice.

Athletes must wash hands or use hand sanitizer upon arrival at GGS and between event rotations (minimum once every 45-60 minutes) and/or after coughing/sneezing/etc. or coming into contact with another athlete.

Athletes will arrive at GGS with their leotard/training apparel already on to limit use of the restrooms for changing prior to practice.

Athletes will bring their team backpacks with all necessary personal equipment/training aids.

Athletes that need ice or to be taped by a coach, will be done so, with both the athlete and coach wearing a mask. Both individuals will wash/sanitize when taping is complete.

There will be no scheduled snack breaks until further notice. Athletes should avoid bringing/eating snacks during scheduled practice times while at GGS.

Athletes must wash/sanitize hands prior to exiting GGS.

Athletes should follow "front line responders" protocol when they return home following practice:

- Travel directly home from the gym (no stops on the way)
- Practice apparel goes immediately into the wash
- Athlete goes directly into the shower/bath prior to eating, interacting with family members, etc.

## **GGS FAMILY EXPECTATIONS**

GGS is encouraging parents/guardians to "drop off & pick up" rather than enter the building with their athlete in order to limit the number of individuals in the facility however, GGS will permit one adult family member per athlete to enter the building and watch practice. We ask that you do not bring in siblings. SPACE WILL BE LIMITED.

GGS is STRONGLY encouraging all family members to adhere to proper social distancing when outside the gym to help keep your child's teammates and coaches safe.

Parent/Guardians who do enter the building must adhere to 6 foot social/physical distancing guidelines.

Please be sure athletes wash hands before attending practice and follow above listed protocols after returning to your home.

As always, any individual (family member or athlete) who is not feeling well should remain home.

I am aware that while gymnastics is an individual sport, there will be times when incidental contact will occur. Gleason's Gymnastic School is operating in a social and physical distancing environment but even with the best efforts and intentions, there will be times when the children will breach the prescribed distancing recommendations (6 feet). In addition, our teaching and coaching staff will spot (physically assist) when the circumstances require it. Spotting our students and athletes is often necessary in order to teach skills safely at Gleason's Gymnastic School and I agree to permit my child's teacher and/or coach to physically assist my child when needed. Direct assistance will also be provided in the event of injury. I also understand that accidental contact between children is always a possibility.

I have read, and understand, the above policy & procedures and I acknowledge that I am sending my athlete(s) to practice voluntarily and understand that even with the extra precautions put in place athletes in attendance still risk exposure to Covid-19 or other illnesses.

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Participant/Parent/Guardian Signature	Date