

**DOUGLASVILLE GYMNASTICS AND CHEERLEADING, INC. SPECIAL
EVENTS WAIVER ASSUMPTION OF RISK, WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION**

As legal guardian of the child listed above, hereafter, child(ren) I recognize what potentially severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, parties, and special events. Being fully aware of these dangers, I voluntarily consent and ACCEPT ALL RISKS associated with the participation of the aforementioned person(s) participating, as well as myself, in any and all Douglasville Gymnastics and Cheerleading Club. programs and activities including if I as a parent or guardian must enter the gym for any reason.

In consideration for allowing me and my child(ren) to use these facilities, I, on my behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Douglasville Gymnastics and Cheerleading Club, its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of Douglasville Gymnastics and Cheerleading Club, including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

In the event of an emergency I would like my above-mentioned child(ren) to be taken to a hospital for medical treatment and I hold Douglasville Gymnastics and Cheerleading Club and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child as a result of any injury sustained while participating at or for Douglasville Gymnastics and Cheerleading Club.

By attending this special event or lessons here at Douglasville Gymnastics and Cheerleading, I am granting your permission for my child to be filmed, videotaped, audiotaped or photographed by any means and are granting full use of your likeness, voice, and words without compensation.

Before dropping my child off at Douglasville Gymnastics and Cheerleading Club, Inc., I attest to the following:

- I have taken my child's temperature and she/he does not currently have a fever or has not had a fever in the last 48 hours higher than 100.4 degrees.
- My child has not been in close contact with a confirmed case of COVID-19.
- My child has not experienced a cough, shortness of breath, or sore throat.
- My child has not had a new loss of taste or smell.
- My child has not had vomiting or diarrhea in the last 24 hours.

I further acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure.

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

Child's name _____ Date of birth _____

Parent/Legal guardian _____ Date _____

Address _____ City _____

State _____ Zip _____ Email _____

Parent phone number _____ Cell phone number _____

Parent/legal guardian signature _____