Trial Date:_____
Trial Class:_____
Follow-up Date:_____

Umpqua Valley GYMNASTICS

Family Last Name: _____

General Participant Waiver

1. Family Information / Parent / Guardian / Billing Contact / Adult Participant

Parent #1 First Name:_____ **Last Name:** _____
Address:_____ **City:**_____ **State:**_____ **Zip:**_____
Home Phone:_____ **Cell Phone:**_____ **Work Phone:**_____
Parent #2 First Name:_____ **Last Name:**_____
Address:_____ **City:**_____ **State:**_____ **Zip:** _____
Home Phone:_____ **Cell Phone:**_____ **Work Phone:**
Email:_____ **How Did You Hear About Us?** Other
100% of our communication regarding class information is via email!
Emergency Contact Name:_____ **Emergency Contact Phone:** _____

Step 2. Participant Information / Parent-Tot Parents Are Participants Also

1st Participant Information
First:_____ **Last:**_____ **Nickname:**_____ **Birth date:**_____ **Sex:**_____

2nd Participant Information
First:_____ **Last:**_____ **Nickname:**_____ **Birth date:**_____ **Sex:**

3rd Participant Information
First:_____ **Last:**_____ **Nickname:**_____ **Birth date:**_____ **Sex:**

ANYTHING WE SHOULD KNOW ABOUT PARTICIPANT(S)

THE SIX AGREEMENTS below pertain to participation at and for Umpqua Valley Gymnastics and its respective officers, employees, volunteers, subcontractors, tenants and other agents. Acceptance of these six agreements is required to enroll in any Umpqua Valley Gymnastics Program.

1. CONSENT TO PARTICIPATE FOR MINORS AND ADULTS
   As the parent(s) or legal guardian(s) of the student(s) named above, and/or as an adult participant, I hereby consent to all participation in any and all programs at or for Umpqua Valley Gymnastics.
2. PERPETUAL COVENANT NOT-TO-SUE
   In consideration for my child(ren)'s or my participation at Umpqua Valley Gymnastics, I hereby, for myself and/or my child(ren) and our respective heirs and successors,
   PROMISE NOT-TO-SUE and FOREVER RELEASE Umpqua Valley Gymnastics from all liability resulting from damages or injuries incurred as a result of participation at or for Umpqua Valley Gymnastics. This includes acts of ordinary negligence. I understand that this PERPETUAL COVENANT NOT-TO-SUE will apply to EACH AND EVERY OCCASION that my child(ren) or I visit or participate at Umpqua Valley Gymnastics and that this agreement remains in force until I revoke it in writing.
3. ASSUMPTION OF RISK
   I acknowledge that sports and activities involving height, motion or inversion including but not limited to gymnastics, trampoline, cheerleading, parkour, and general physical fitness carry the risk of severe injury, including paralysis or death. I acknowledge the contagious nature of certain bacteria and viruses, including, without limitation, COVID-19, and voluntarily assume the risk that my child(ren) and/or I may be exposed to or infected by such bacteria or viruses by attending Umpqua Valley Gymnastics and that such exposure or infection may result in personal injury, illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Umpqua Valley Gymnastics may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Umpqua Valley Gymnastics employees, volunteers, and program participants and their families. I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s or my attendance at Umpqua Valley Gymnastics or participation in Umpqua Valley Gymnastics programming.
4. SUPERVISION OF MINORS BEFORE AND AFTER CLASS
   I acknowledge that Umpqua Valley Gymnastics is not a drop-off facility and is not equipped to supervise my child(ren) before and after class and I agree to remain onsite with my child unless I have been instructed otherwise.
5. MEDICAL AUTHORIZATION AND INDEMNIFICATION FOR POSSIBLE FUTURE MEDICAL EXPENSES
   In the event of a medical emergency I authorize that my child(ren) and/or I be transported to a medical facility for treatment and I hold Umpqua Valley Gymnastics harmless in the execution of such. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child(ren) or me as a result of any injury sustained while visiting or participating at or for Umpqua Valley Gymnastics.
6. PHOTO AND VIDEO RELEASE
   I grant my permission to Umpqua Valley Gymnastics to use my children(s), or my image, likeness or sound of voice in publications, social media and other media used by, produced by or contracted by Umpqua Valley Gymnastics. I understand I will not receive payment or other compensation for the use of any image or recording.

Parent/Legal Guardian/Participant SIGNATURE:_____ **Date:** _____

UMPQUA VALLEY GYMNASTICS
CLASS & EVENT PARTICIPATION RULES

We have safety guidelines in place to protect the children, our staff, and our equipment and facility. Please read and adhere to following rules:

- **ATHLETIC CLOTHING ONLY!** No buttons, zippers, denim, jeans, studded garments or sequins.
- **Leotards with NO SKIRTS are great for girls!**
- **NO jewelry** (other than stud earrings).
- **Hair tied back** (so as to not whip into the eyes)
- **Bare feet ONLY** (no tights or socks)
- **Adult & siblings are NOT permitted in the gym area**, (unless you are an adult participant with signed waiver on file).
- **Bring a water bottle. NO GLASS!** (We have bottled water for sale at the gym.)
- **Please NO flash photography in the gym.**
- **Siblings should not run or horseplay in the parent area.**
- **Please be punctual for class.**

UMPQUA VALLEY GYMNASTICS 541-672-3534
780 NW Garden Valley Blvd, Ste 230 Roseburg OR 97471