

COVID-19
Parent Permission and Waiver of Liability for Student Participation in
FLIPSTAR GYMNASTICS CENTER Athletics/Activities

By signing below, I give permission for my child, _____,

to participate in the following program &/or activities beginning ____/____/2020 at the Flipstar

Gymnastics Center: GYMNASTICS INSTRUCTIONAL CLASSES, CAMPS & RELATED ACTIVITIES.
(Program or activity)

(Initials) _____

I acknowledge that federal and state government officials have declared that there currently exists a public health crisis in our country related to the Coronavirus Disease 2019 (“COVID-19”).

(Initials) _____

I confirm that I will not permit my child to participate in the program or activity if, at any time during the program or activity, my child is showing any symptoms of COVID-19 (including but not limited to fever, dry cough, fatigue, shortness of breath, chills, muscle pains). Additionally, I confirm that I will not permit my child to participate in the program or activity if, at any time during the program or activity, my child has been in contact with any individual diagnosed with COVID-19 or any individual currently waiting for test results confirming the possibility of a COVID-19 diagnosis. I agree that in such situations my child will be unable to participate in the program or activity until: (i) 14 calendar days after the symptoms first appeared and my child is no longer showing any symptoms; or (ii) a healthcare provider has confirmed in writing that my child has tested negative for COVID-19 or that my child’s symptoms were not due to COVID-19.

(Initials) _____

I understand that Flipstar Gymnastics Center cannot prevent the possible transmission or contraction of COVID-19 for my child.

(Initials) _____

The undersigned agrees to release, discharge, hold harmless and indemnify Flipstar Gymnastics Center, it’s agents, employees, officers, board members, insurers and others acting on their behalf (the “Releasees”), of and from any and all claims, demands, causes of action and/or legal liabilities for injuries to or death of my child occurring during, or resulting from, or participation in the above-mentioned program or activity and related in any way to COVID-19, even if the cause, damages or injuries are alleged to be the fault of or alleged to be caused by the negligence or carelessness of the Releasees.

Parent/Guardian Signature: _____ Date: _____