

RELEASE & PERMISSION TO PARTICIPATE

For Office Use Only

Eval. Date _____

Trial Date _____

Day/Time _____

Class _____ Coach _____

Referral Posted _____



T.S	C.C.	JR	BRACELET
-----	------	----	----------

4685 Industrial St. Suite 3G
Simi Valley, CA 93063
Ph. (805) 581-4496

Student# 1 _____ M / F Age _____ Birthdate _____
 Student# 2 _____ M / F Age _____ Birthdate _____
 Student# 3 _____ M / F Age _____ Birthdate _____
 Student# 4 _____ M / F Age _____ Birthdate _____
 Address _____ City _____ Zip _____
Email*IMPORTANT* _____
 Parent 1: Name _____ Cell Phone _____ Occupation _____
 Parent 2: Name _____ Cell Phone _____ Occupation _____
Emergency Contact _____ Relation _____ Phone _____
 Please list any health problems/restrictions we should be aware of _____
 How did you hear about IMAGYMNATION (circle one): FRIEND (Name): _____ BIRTHDAY PARTY (Name): _____
 Web/Internet _____ Other: _____

RULES & POLICIES- I have read and understand the rules and policies of IMAGYMNATION GYMNASTICS, as stated on the IMAGYMNATION GYMNASTICS RULES & POLICIES page.

RELEASE- I hereby consent to the above named students participating in structured and supervised classes on equipment owned and/or used by SIMI VALLEY GYMNASTICS CENTER, INC, DBA IMAGYMNATION GYMNASTICS, and hereby agree that I for myself, my children, adopted or otherwise, my heirs and executors waive and release any and all right and claims for damages that I may have any time against SIMI VALLEY GYMNASTICS CENTER, INC, DBA IMAGYMNATION GYMNASTICS, or their agents and representatives for any injury or damages in connection with my association or entry in gymnastics or other activities sponsored by SIMI VALLEY GYMNASTICS CENTER, INC, DBA IMAGYMNATION GYMNASTICS. COVID-19: Accordingly, I assume the risk of becoming infected with COVID-19. any variation or mutation thereof. I will not hold this business, owners, directors, coaches, staff, volunteers or other members responsible for any liability related the COVID-19 and any variation or mutation thereof.

PERMISSION FOR MEDICAL TREATMENT- I confirm that the above named student is in good health and has had a physical exam within the past year. I hereby authorize consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis or treatment and hospital care which is deemed necessary and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act. The authorization is given pursuant to the provision of section 25.8 of the civil code of California and shall remain effective until revoked in writing.

ACKNOWLEDGEMENT OF ASSUMPTION OF RISK - ACKNOWLEDGEMENT OF ASSUMPTION OF RISK - I do hereby request the use of the SIMI VALLEY GYMNASTICS CENTER, INC, DBA IMAGYMNATION GYMNASTICS, and its facilities and equipment for the improvement of gymnastics and/or athletic skills. I recognize the potential injuries which can occur in gymnastics, especially trampolining, with the amount of head inversion required in the somersaulting tricks, particularly with the increasingly complex routines being developed. I also recognize that injury can result from folding, unfolding, transporting in setting up gymnastics equipment. I am under no compulsion by SIMI VALLEY GYMNASTICS CENTER, INC, DBA IMAGYMNATION GYMNASTICS, to use the gymnasium facilities, nor am I being paid to do so. My interest is solely in the sport and my own self improvement. In consideration of SIMI VALLEY GYMNASTICS CENTER, INC, DBA IMAGYMNATION GYMNASTICS 's allowing me to use these facilities, I, hereby forever release SIMI VALLEY GYMNASTICS CENTER, INC, DBA IMAGYMNATION GYMNASTICS , its officers, its directors, its coaches, sponsors, volunteers, and any member for any and all damages and injuries suffered by myself in connection with said use of these facilities. I understand that my participation is entirely by my own choice and with the understanding of risk or accidental injuries involved in any activity involving unusual motion.

COVID-19: I understand that the coronavirus disease has been declared a worldwide pandemic by the World Health Organization. I further understand that it is extremely contagious. State and federal health organizations recommend social distancing. I recognize that the staff at Imagymnation is closely monitoring the situation and has put into place reasonable measures targeted to reduce the spread of the virus. However, given the nature of the virus, I understand the inherent risks of becoming infected with COVID-19. Accordingly, I assume the risk of becoming infected with COVID-19. any variation or mutation thereof. I will not hold this business, owners, directors, coaches, staff, volunteers or other members responsible for any liability related the COVID-19 and any variation or mutation thereof. **RULES:** Imagymnation will be following all CDC guidelines and any/all who enter the gym will be expected to follow. Imagymnation will post and enforce the guidelines to be followed. Anyone who does not agree or choose to follow the guidelines will not be admitted and will be asked to leave.

I have read and understand the above RULES & POLICIES, RELEASE, PERMISSION FOR MEDICAL TREATMENT, and ACKNOWLEDGEMENT OF ASSUMPTION OF RISK I voluntarily sign my name in agreement.

Parent/Adult Signature X _____

Date _____

(first)

Name: (last)