



# SOKOL Elite Gymnastics Registration/Waiver For SOKOL Gymnastics LLC

## Student Information: (please print)

Child 1 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Child 2 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Child 1 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

Child 1 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

## Parent Information: (please print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Allergies, medications, or any other medical/physical conditions that we should know about: \_\_\_\_\_

\*Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Acknowledgment of Risk/Waiver of Liability**

*\*Please read, sign, and bring waiver to the front desk. Children without waiver signed will not be able to participate.\**

My/Our child/children has/have no physical or health conditions that would limit his or her participation in athletic activities or present a known and undue risk of transmitting any virus and/or disease to other participants in these activities. I/We hereby give permission for my/our child/children to have their temperature taken before participation in activities at Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics; participate in activities at Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics; and to work on all of the necessary equipment when deemed necessary at our discretion. We understand Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics will keep confidential information regarding participants' temperatures and reserves the right to exclude individuals from participation in activities based on this information in accordance with its policies. I/We understand that Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics may inform other participants of any confirmed diagnosis of COVID-19 (or other transmittable virus/disease), to the extent they may have been exposed, but will maintain confidentiality to the extent possible; we waive all privacy-related claims based on such disclosure(s). I/We assume all risks and hazards incidental to the conduct of this activity and transportation to and from this activity. In case of emergency, the Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics, staff has my/our permission to use their judgment with regard to treatment until I/we can be contacted. Moreover, I/we hereby authorize any qualified physician contacted to proceed with treatment. In case of emergency, I/we understand that my/our child/children will be transported to the nearest hospital OR **(preferred hospital):**

\_\_\_\_\_ by the local emergency resource if rescue squad deems necessary. I/We understand that I/we will be responsible for all medical and emergency transportation expenses. It is understood that in some medical situations, the staff will need to contact the emergency resources before contacting the parent or other adult acting on the parents' behalf.

*Warning.... Catastrophic injury, paralysis, or death can result from improper conduct of this activity. I/We agree and consent that participation is voluntary and at each individual's own risk. I/We acknowledge that participation entails known and unknown risks that may result in physical injury; the transmission of virus and/or disease; or other injury, loss, or death of any participant(s). I/We understand that such risks simply cannot be eliminated. I/We knowingly, voluntarily, and expressly assume the risk of, and responsibility for, injury and damages. I/We specifically agree that the employees, owners, volunteers, and other agents of Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics ("the Released Parties") shall not be responsible for such injuries/damages, even if caused in whole or part by the negligence or fault of the Released Parties, whether such negligence is present at the signing of this Waiver or takes place in the future. This waiver and release does not apply to gross negligence or intentional torts by the Released Parties.*

*To the extent allowed by applicable law, I/we agree that we will waive, release, discharge, covenant not to sue, and indemnify and hold harmless (from all damages and expenses, including attorney fees) the Released Parties from any and all claims for injury and damage that the child(ren) listed on this form suffer, even if the risk(s) arise out of the negligence or fault of the Released Parties. By executing this Agreement, we agree that the Released Parties shall not be liable for any damages arising from personal injuries sustained by the child(ren) listed on this form as a result of any and all activities related to participation in activities Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics.*

*By signing, I/we expressly state that we have had sufficient opportunity to read and consider this entire Waiver and ask any questions associated with it; agree that we have read and understood it and voluntarily agree to be bound by its terms; and acknowledge that this Waiver contains a waiver and release of claims. We agree that if any portion of this Waiver is found to be void or unenforceable, the remaining portions shall remain in full force and effect.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Photo Waiver/Release**

Occasionally Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics, will take photos for advertising or informational purposes. I/We hereby give Sokol Gymnastics, LLC, dba SOKOL Elite Gymnastics, permission to use my child's/children's photos and likeness in all forms and media for advertising, portfolio, demo, trade, stock photography, editorial, altering without restrictions, and all other lawful purposes. I/We understand I/We are entitled to no compensation. I/We release the photographer all forms of claims and liability related to my photo usage.  
(This Policy Subject To Change Without Notice)

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Payment Policies**

Tuition is due on the 1<sup>st</sup> of the month. Tuition must be paid before your child can attend class on a new month. We do require a credit card on file for monthly auto debit/credit. Payment may be made prior to the 1<sup>st</sup> of the month by other methods.

Registration fees and tuition are non-refundable. Notice must be made by the 25<sup>th</sup> of the month for the next month if dropping a class, otherwise you will be responsible for the next month's tuition.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Sokol Gymnastics Assumption of the Risk and Waiver of Liability Relating to Coronavirus**

The novel corona virus, COVID -19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person to person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and, in many locations, prohibited the congregation of groups of people.

SOKOL GYMNASTICS, LLC (the Club") has put in place preventative measures to reduce the spread of COVID-19; however, the Club cannot guarantee that you or your children will not become infected with COVID-19. Further, attending the Club could increase your risk and your children's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my children and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club 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 children 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 children may experience or incur in connection with my children's attendance at the Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes and Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

**Signature of**  
Parent/  
Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Print Name of Parent/Guardian** \_\_\_\_\_

**Name of Club Participant(s)** \_\_\_\_\_