Permission To Participate

Guest's Name:	DOB: M	/F: E-mail:	
Parent's Name:	Home 1	Phone Number:	
Street Address:	City:	State:	Zip:
	WLEDGEMENT OF RISK A		
I herby consent to the above person partici- including permanent paralysis or death can realize that my child will be performing an and bounce house. I certify that the above adopted or otherwise, my heirs and execute agents or representatives, for any injury or my association or entry into gymnastics, or medical personnel permission to treat myso of myself or my children for marketing pur of risk and waiver of liability, having been	n occur in any activity involving height of training on all gymnastics events players on is in good health and is medically ors, forever waive and release any and damages that may be suffered by mean other activities sponsored by EGC. I telf, my child and/or children, adopted rposes and for program development of the control of the co	at or motion, including gymnast us various other gymnastics tra- ally fit to participate. I hereby a all rights against Elite Gymnast, my child and or children, adop give EGC, its members, officer or otherwise, I also give my perwithout compensation to myself	cics and movement education. I also ining devices including trampoline for myself, my child and/or children, stics Center LLC ("EGC"), their oted or otherwise, in connection with rs, agents, employees, and any other ermission for EGC to use any images for my child. This acknowledgement
COVI	ID ACKNOWLEDGEMENT,	WAIVER, AND RELEAS	SE
Precautions for the COVID 19 virus cau Building D, Unit 5 in New Milford, CT, retime to come, and there is no assurance the will adapt our procedures as circumstances. If they wish, parents may leave their childrequired to wear masks and practice social enter the building. Temperatures are take using a non-contact thermometer; any perchildren immediately follow up by hand so between outgoing and incoming classes are and effectively, clear oral instructions and are permitted to do so. Further, spotting Please check if you would like us to spot conduct its gymnastics classes in this fash other family members, please sign below. Child/Children's Names (Print):	eopens, new procedures and policies what our precautions will prevent the vest may change, consistent with operating dichildren at the building entrance, real distancing everywhere on the premise en at the door. No one whose temperson above that reading will have to sanitizing or washing their hands beford following all safety protocols to ke attentive spotting are essential. For a will require our staff to physically got or not spot your child in and to release it from all liability	will be required. The virus will irus from spreading. We are tag the gym for the education and main outdoors, and pick them the ses. In addition, we allow only exature exceeds 100.4 degrees sheave the premises immediated fore entering the gym area. We seep your child/children and our that reason, our staff may elect guide children through their roul/children. To permit and acknowled the premise of the virus, whether it premises in the virus, whether it premises in the virus of the	be a factor in everyone's life for some aking steps to reduce that risk, and we denjoyment of your child/children. up from the building exit. Parents are one parent, with a mask, per family, to should enter the building. We will be also once in our building, we ask that e are cleaning all equipment and materstaff safe. To teach gymnastics safely not to wear a mask, although children utines, so touching will be inevitable nowledge Elite Gymnastics Center, to relating to you, your child/children, o
Parent/Guardian (Sign):	Date:		_