



Program Registration Form

Last Name: _____

Participant's First Name: _____

Birthdate: _____

Participant's First Name: _____

Birthdate: _____

Address: _____
Street City Zip Code

Parents' / Guardians' Names: _____

Primary Phone: _____ Work / Home #: _____

Emergency Phone Number and Contact: _____

E-Mail Address: _____

ASSUMPTION OF RISK

As a parent and/or legal guardian, I recognize that severe injuries, including but not limited to permanent paralysis or death, can occur in any sport or activity involving height or motion. Such sports and activities include, but are not limited to gymnastics, tumbling, dance, cheerleading, stunting, pyramids, tumble tramp, trampoline, movement education, and physical activity in general.

Being fully aware of these risks and dangers, I hereby give consent for my child(ren) to participate in any and all Columbia Gymnastics programs, activities, and events for which they are registered, and I ACCEPT ALL RISKS associated with this participation.

In consideration for my or my child(ren)'s participation, I hereby, for myself and my child(ren) and our respective heirs, executors, administrators, and successors and assigns, **PROMISE NOT TO SUE, AGREE TO INDEMNIFY AND HOLD HARMLESS, AND AGREE TO FOREVER RELEASE AND DISCHARGE** Columbia Gymnastics, its officers, directors, shareholders, owners, affiliates, successors and assigns, property owners and lessors, employees, contractors, subcontractors, teachers, coaches and volunteers (collectively, the "Releasees"), from any and all liabilities, claims, demands, and causes of action for losses or damages resulting from injuries, illness, or death that may be suffered now or in the future from my or my child's attendance at or participation in Columbia Gymnastics programs, activities, or events. I understand and agree that this release includes, but is not limited to, any claims based on the actions, omissions, or negligence of the Releasees.

****Please see other side to complete****

Assumption of the Risk and Waiver of Liability Relating to Communicable Diseases Including COVID-19:

I acknowledge that by attending or participating in Columbia Gymnastics programs, activities, or events my child(ren) and I may be exposed to infectious diseases, including but not limited to MRSA, influenza, and COVID-19, which may result in injury, illness, permanent disability, or death. While following guidelines and personal discipline may reduce this risk, the risk of serious illness and death does exist. Columbia Gymnastics cannot and does not guarantee that I or my child(ren) will not become infected with an infectious disease.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injuries (including but not limited to personal injury, disability, and death), illness (including but not limited to from COVID-19 or other infectious disease), damage, loss, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with attendance at or participation in Columbia Gymnastics programs, activities, or events, even if arising out of the negligence of the Releasees. Accordingly, on behalf of myself and my child(ren) and our respective heirs, executors, administrators, and successors and assigns, I further **PROMISE NOT TO SUE, AGREE TO INDEMNIFY AND HOLD HARMLESS, AND AGREE TO FOREVER RELEASE AND DISCHARGE** the Releasees from any and all liabilities, claims, demands, and causes of action for losses or damages resulting injuries, illness, or death that may be suffered now or in the future related to COVID-19 or any other infectious disease. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Releasees, whether a COVID-19 or other infection occurs before, during, or after attendance at or participation in any Columbia Gymnastics program, activity, or event.

CURRENT HEALTH STATUS

I warrant and represent that my child(ren) and I are in good health and have no physical or mental conditions, limitations, or problems that would affect my or my child(ren)'s safe participation or the safety of others and have not been advised otherwise by a qualified medical provider. I further warrant that my child(ren) and I will adhere to any guidelines announced at any time by Columbia Gymnastics with regard to protection of community and student health, including but not limited to taking temperatures and wearing facial masks. I warrant that I will not allow my child(ren) or myself to attend or participate in any Columbia Gymnastics program, activity, or event if not well.

MEDICAL AUTHORIZATION

In the event of an emergency or injury to myself or my child(ren), I give my permission to Columbia Gymnastics, as my agent, to administer emergency treatment, contact emergency personnel, and act in my stead in approving necessary medical treatment. I agree to be financially responsible for any and all costs associated with such treatment.

I have read the above and agree.

Signed: _____ Date: _____

Print Name: _____

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