



**Crowley's Gymnastics Center, Inc.**

1510 Cleary Avenue North

Oakdale, MN 55128

(651) 768-8743 Fax (651) 768-0608

*"We believe in the power of the human mind"*

## **ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY**

As the parent or legal guardian of \_\_\_\_\_,

I hereby consent to the above named person participating in all programs offered by Crowley's Gymnastics Center, Inc. I recognize that potentially severe injuries, including but not limited to sprains, strains, broken bones, permanent paralysis, or death can occur in any activity involving height or motion, including gymnastics, tumble track, tumbling, playground and outdoor activities, and ball sports, which are activities my child or myself may be involved in. Being fully aware of these dangers, I voluntarily consent to the above named person participating in any and all Crowley's Gymnastics Center, Inc. programs and activities including Birthday Parties, Field Trips, Private Lessons, Parades, Trial Lessons, Mini-Clinics, Overnights, and "Parents' Night Out" and accept all risks associated with that participation.

I acknowledge, understand, appreciate and agree that participation may result in a possible exposure to, and illness from, infectious diseases, including, but not limited, to MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and assume full responsibility for my participation and exposure.

I also further understand that while the payment of tuition and administration fees constitutes a part of the consideration due to Crowley's Gymnastics Center, Inc. for allowing my child to use the facilities and equipment at Crowley's Gymnastics Center, Inc., an additional and important part of the consideration due to Crowley's Gymnastics Center, Inc. is this signed release form.

Therefore, on behalf of the child, and in consideration for allowing my child to use the Crowley's Gymnastics Center, Inc.'s equipment and facilities, I hereby forever release Crowley's Gymnastics Center, Inc., it's owners, officers, employees, teachers, and coaches from all liability for any damage and injuries suffered by my child while under the instruction, supervision, or control of Crowley's Gymnastics Center, Inc., and I agree to indemnify and hold them harmless there from.

Concussion Awareness: It is required by Minnesota State Legislation, to have a written policy for our parents to read and sign. Crowley's Gymnastics Center's policy on concussions states that all coaches and employees receive annual training to educate them about the nature and risk of concussions, including continuing play after concussions; the signs, symptoms, and behaviors consistent with a concussion when a youth athlete is suspected or observed to have received a concussion; the need to follow a proper medical direction and protocols for treatment and return to play. A gymnast who has been removed from activity may not return to gymnastics activities until the athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion, and receives an evaluation by a licensed health care provider and, in accordance to the Minnesota State Law, gives written clearance to return, stating that the gymnast is capable of resuming gymnastics in a progressive manner.

I have read thoroughly and fully understand this acknowledgement of risk and waiver of liability, and I voluntarily sign my name in agreement to its content and intent.

\_\_\_\_ I understand and acknowledge Crowley's Gymnastics Concussion Policy.

\_\_\_\_ I understand that any unpaid balance after the first week of class will incur a \$5.00 late fee per week.

\_\_\_\_ I understand that refunds will only be given through the second week, minus a \$20.00 cancellation fee.

Parent or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_