Student and Parent Gymnastic Academy of Boston-Acton Acknowledgement of Risk and Waiver

Child's Name		DOB	-	-	Child's Name		DOB	-	-
Child's Name		DOB	-	-	Child's Name		DOB	-	-
Mailing Address		City:				Zip:			
Parent's Name					Cell Phone (	)	-		
Email					Home Phone (	)	-		
Emergency Contact					Phone (	)	-		

As the parent or legal guardian of all child(ren) listed above, I hereby give permission for my child(ren) and/or myself to participate in a birthday party at Gymnastic Academy of Boston-Acton, LLC. I recognize and understand that there are physical risks associated with gymnastics and physical play involved in a birthday party, which involve inflatables, height and rotation of the body and there are inherent risks involved. There are also inherent risks to my being on the premises, as either an adult student or simply as a non-student parent or guardian, during such activities. These risks also specifically include the additional risk of being exposed to and/or contracting COVID-19 or other illness. On behalf of myself and my child(ren), I agree to waive all claims (including for negligence) against and agree not to sue Gymnastic Academy of Boston-Acton, LLC, or its owners, directors, officers, employees, staff and instructors for any liability, loss, cost, damage, medical expense, long-term care or emotional distress arising out of any personal injury, including total injury, paralysis and death, and including exposure to or contracting COVID-19 or other illness, which may occur to myself or any of my children while on the premises of or under the instruction, supervision, or control of Gymnastic Academy of Boston-Acton, LLC. I hereby testify to my and my child's sound health of mind and body and I authorize Gymnastic Academy of Boston-Acton, LLC, to seek medical treatment at the nearest medical facility for myself and my child in case of emergency or injury.

I have read and understand the above and agree to the above terms, including the Risk and Waiver of Liability.

Signature of Parent or Legal Guardian: _____*Date*_____

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