



Mosaic Gymnastics Waiver, Release, and Assumption of the Risk Form

Mosaic Gymnastics
8305C Merrifield Ave
Fairfax VA, 22031

Participant Registration Form

Before participation in any activity, this form must be signed by at least one of the participant's parents or legal guardians if the participant is not yet 18 years old. Participant's signatures are required if 18 years of age or older and are helpful when age appropriate.

Participant name: _____

Age: _____ Date of birth: _____

Parent's or Guardian's name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone _____ Emergency: _____

Email address: _____

Has the participant had a physical examination within last year? Check one: Yes No

Are there any medical conditions of which we should be aware? Check one: Yes No

If yes, explain: _____

Eligibility to participate in class at Mosaic Gymnastics requires a completed gymnast registration form with release of liability (on next page), and full tuition on or before the first day of class.

Gymnast: _____ Date: _____

If gymnast is not 18 years old, at least one parent or legal guardian of such person also must sign:

We certify that the information provided above is correct.

Printed name of parent/guardian

Signature of parent/guardian

Date

LIABILITY RELEASE AND INDEMNIFICATION: Prior to participation, this form must be signed by at least one of the participant's parents or legal guardians if the participant is not yet 18 years old. Participant's signatures are required if 18 years of age or older and are helpful when age appropriate.

Name of participant _____ DOB _____

Phone _____

Parent/guardian name (print) _____

In consideration for receiving permission to participate in Mosaic Gymnastics (herein referred to as Activity), which is administered by Mosaic Gymnastics LLC (herein referred to as MG), I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS for any and all purposes MG, its Board of trustees, and their officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH, that may be sustained by me while participating in such activity, class, competition, team, including non-gymnastics such as dance, cheerleading, and playground activities or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the negligence of RELEASEES. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. I, the undersigned, further certify that I have received, read, understand, and agree to obey the MG Rules and Regulations. I, and if I am not yet 18 years old my parents or legal guardians, agree to be bound as follows (the term "I" in this release refers to both the gymnast and his or her parents or legal guardians).

Medical Treatment and Consent: I acknowledge that it is recommended that I obtain a physician's approval prior to my participation in any physical activity or use of exercise equipment. In the event that MG must obtain on my behalf or provide emergency medical care and/or first aid from a medical facility, emergency medical staff and/or MG personnel for my immediate welfare, I give my consent for the same and shall hold harmless MG, its employees, volunteers, trustees, directors, officers, agents, or assigns for any injuries or losses to my person or property arising out of such care.

(1) Acknowledgment and Assumption of Risks. I understand that the Activity involves risks of serious bodily injury, including but are not limited to: heat stroke, heat exhaustion, broken bones, strains, sprains, bruises, cuts, concussion, heart attack, being struck by other moving objects, permanent disability, paralysis, and or death which may be caused by the gymnast's actions, those of others participating in the Activity, the conditions in which the Activity takes place, the negligence of the "Released Parties" or other causes. Each participant in the Activity should realize that there are risks, hazards, and dangers inherent in the use of, and in the training, preparation for and travel to and from such activities. I further understand that there may be other risks either not known to me or not readily foreseeable at this time. I fully accept and assume all such risks and all responsibility for losses, cost and damages that may result from the Activity. I hereby give my approval of and consent to the gymnast's participation in the Activity. I assume all risks and hazards incidental to the Activity and to the transportation to and from the Activity.

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.

I am aware of the existence of the risk on my physical appearance to the venue and my participation to the activity of Mosaic Gymnastics LLC that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death.

I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.

Following the pronouncements above I hereby declare the following:

I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may be in any case be at risk of contracting COVID-19.

With full knowledge of the risks involved, I hereby release, waive, discharge Mosaic Gymnastics LLC, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

I agree to indemnify, defend, and hold harmless Mosaic Gymnastics LLC from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that as the parent or legal guardian, I am at least eighteen (18) years old and fully competent to give my consent for me and my household; that I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

(2) Representation of Ability to Participate. I understand the nature of the Activity, and I represent that the gymnast is qualified, in good health, and in proper physical condition to participate in the Activity. Should I ever believe that any of the above representations have become untrue, or if I should ever believe that the Activity is not safe or is no longer safe for the gymnast, then it will be my responsibility immediately to discontinue the gymnast's participation in the Activity.

(3) Release. I hereby release, acquit, covenant not to sue, Hold Harmless, forever discharge **MOSAIC GYMNASTICS** its owners, officers, administrators, employees, agents, volunteers, sponsors, advertisers, coaches and supervisors, and the owners or lessors of any facilities within which the Activity is conducted, their respective agents and employees and all other persons providing facilities or assisting in the conduct of the Activity and in the transportation of participants to and from the Activity (collectively the "Released Parties") of and from any and all actions, causes of action, claims, demands, liability, losses or damages of whatever name of nature, including but not limited to those arising from or in any way related to the negligence of any of the Released Parties, that arise out or are connected in any way to the gymnast's participation in the Activity and the transportation of the above named gymnast to and from the Activity (collectively the "Released Claims") and shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the state of Virginia.

(4) Indemnification. I will defend, indemnify and hold harmless the Released Parties from (that is, to reimburse and be responsible for) any loss or damage, including but not limited to costs and reasonable attorney's fees (including the cost of any claim I might make or that might be made on my behalf or the gymnast's behalf that is released in this document), arising out of connected in any way with any of the Released Claims.

I have read the Policies and Procedures for parents, spectators, and participants in the Activity and/or the Team Handbook and agree to abide by all rules and conditions set forth therein to accept the judgment of the program officials in this regard.

I HAVE READ AND UNDERSTOOD THIS ACKNOWLEDGMENT AND ASSUMPTION OF RISKS, REPRESENTATION OF ABILITY TO PARTICIPATE, RELEASE AND INDEMNIFICATION. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP SUBSTANTIAL RIGHTS. I AM EXECUTING THIS DOCUMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Gymnast _____ Date _____

Signature of Parent/Guardian _____ Date _____