

LIABILITY WAIVER (MINOR, UNDER 18)

By signing this document you will waive certain legal rights, including the right to sue

Participants Name: _____

Address: _____ City _____ State _____ Zip _____

Date of Birth: _____ Age _____ Phone(____) _____ E-mail _____

I/we am aware that in addition to the usual dangers and risks inherent in the sport of gymnastics, certain additional dangers and risks are present when using Competitive Edge Facility and gymnastics equipment. These dangers include, but are not limited to the risk of falling, jumping, and landing. I/we freely accept and fully assume responsibility for all such dangers and risks and the possibility of personal injury, death, property damage or loss resulting there from.

In consideration of utilizing Competitive Edge Facility and Gymnastics Equipment and for other good and valuable consideration, I/we hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS for personal injury including death, illness, and/or property damage that I/we may have against Competitive Edge Gymnastics, their shareholders, partners, principals, directors, officers, affiliates, agents, employees, contractors, representatives and any volunteers in any way associated with Competitive Edge Gymnastics, all of whom are hereinafter collectively referred to as "the Releasees."
2. TO RELEASE THE RELEASEES FROM ANY AND ALL LIABILITY for loss, damage, injury, death, medical or other expense that I/we may suffer or that any other party may suffer as a result of my use of Competitive Edge Facilities, Gymnastics Equipment or activities in my participation of cheerleading or gymnastics, due to any cause whatsoever.
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my use of Competitive Edge Facility, Gymnastic Equipment or by my participation in Cheerleading or Gymnastics and other Competitive Edge Activities.
4. THIS RELEASE OF LIABILITY SHALL BE EFFECTIVE AND BINDING upon my heirs, next of kin, executors, administrators, successors, and assigns in the event of my personal injury including death, illness, and/or property damage.
5. I/WE ADDITIONALLY AGREE not to take unreasonable risks while participating in Cheerleading, Gymnastics, and any other activities associated with Competitive Edge Gymnastics, including but not limited to attempting skills or tricks that I am not qualified to perform safely or causing any other participants/spectators unreasonable risk of harm.
6. I/WE ADDITIONALLY AGREE that I/we shall follow correct safety procedures when using the Competitive Edge Facilities and Gymnastics Equipment. I/we expressly grant to Competitive Edge Gymnastics, and any third party authorized by Competitive Edge Gymnastics, the right to film, videotape, photograph, and use such likenesses in advertising and publicizing the school.
7. I/WE HEREBY CERTIFY THAT I/we am covered by my own Medical Insurance, and that I/we have read and understand this Release of Liability prior to signing it, and I/we are aware that by signing this Release of Liability I/we am waiving certain legal rights which I/we or my heirs, next of kin, executors, administrators, successors, and assigns may have against the Releasees.

Competitive Edge Gymnastics shall have the right to impose any additional conditions which, in the opinion of the Releasees, will further the internet and legal rights and waivers provided herein.

This Liability Waiver has made and executed in the State of Virginia and shall be governed by, enforced in and construed in accordance with the laws of the State of Virginia.

I/we acknowledge that in executing this Waiver, I/we are not relying on any inducements, promises, or representations made by the Releasees.

Parent/Legal Guardian Signature

Print Name Here

Date

Student Signature

Print Name Here

Date

BOTH SIGNATURES ARE REQUIRED!

GYM POLICIES
Competitive Edge Gymnastics
540-662-2686

By signing this form, you agree to abide by the Competitive Edge Gymnastics Gym Policies.

8. All payments are due by the 1st of the month. A \$10 late fee will be imposed if tuition payment is not received by the 7th of the month.

Initials _____

9. There is a **\$25.00** returned check charge for any checks returned by the bank. **Collection agency charges will also apply.**

Initials _____

10. A two-week notification is required to discontinue enrollment in our program(s). You will continue to be billed and held liable for the payments if we have not received written notification concerning discontinuing attendance in our program.

Initials _____

11. No credits or refunds will be given for classes not attended. Missed classes may be made up within one month of the absence. You must contact Competitive Edge Gymnastics to schedule a make up class with a minimum of a 24- hour notice prior to the make-up.

12. There is a \$35 annual registration fee (per student) to enter class and is renewed yearly at the date of original registration. No refunds on registration/membership fees will be given.

13. The gym will follow the **Frederick County Public School policy** for closings and delays. If the FCPS system is closed, then Competitive Edge Gymnastics will also be closed. If there is a 1 hour delay for FCPS, morning gymnastics classes will also be delayed one hour. If there is a 2 hour delay, there will be no a.m. classes. Classes missed due to weather closure will be made up as outline in policy line #11.

14. Spectators must quietly remain in the observation area behind the gate at all times. The equipment may **NOT** be used without staff supervision. Students will be called by their instructor to the floor area at the beginning of class. **Students may not enter gymnastics area until accompanied by an instructor.**

15. For the safety of our gymnasts, we have instituted the following dress code for all classes: Students should wear leotards or shorts/sweatpants with a shirt tucked into the waistband. Clothing with buttons or snaps and jewelry are prohibited. Students with long hair should have their hair pulled up for all classes.

This policy statement have been made and executed in the State of Virginia and shall be governed by, enforced in and construed in accordance with the laws of the State of Virginia.

Parent/Legal Guardian Signature Print Name Here Date

Student Signature Print Name Here Date

BOTH SIGNATURES ARE REQUIRED!