

# Seaside Training Center

## Visitor Workout Policy

1. STC offers one “visitor” workout free of charge.
2. The below waiver of liability must be read and signed before the first workout is allowed.

### Acknowledgment of Risk and waiver of Liability

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

I \_\_\_\_\_ hereby consent to the above-named person’s participation in the programs offered by Seaside Training Center (hereinafter “STC.”) I/We recognize that severe injuries, including sprains, strains, and broken bones, even catastrophic injuries including death can occur in gymnastics. I/We understand and accept that risk. I/We also realize that my/our child will be performing on training devices including the trampoline, tumbling trampoline, vault, uneven bars, beam, floor and other equipment or apparatus commonly used in gymnastics training and that even when used properly, there are certain inherent risks involved including catastrophic injury or even death.

Therefore, in consideration for allowing my/our child to use STC’s equipment and facilities, I/We hereby forever release STC, its owners, officers, employees, teachers, coaches, or other agents from all liability for any and all damage and injuries suffered by my/our child while under the instruction, supervision or control of STC, it’s owners, officers, employees, teachers, coaches, visiting coaches or other agents.

As the parent(s) or legal guardian(s) of the aforementioned person, I/we hereby agree to individually protect for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at STC during “Free Time”, or under the direction of STC.

I/We certify that each or both of us has the authority to execute this release form on behalf of the above-named gymnast.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # in case of emergency: \_\_\_\_\_