

# Seaside Training Center

## Visitor & Traveling Gymnast Policy and Waiver

### Visitor Workout Policy

1. **Visitor/Traveling Gymnast Options:**

- **Single Gymnast:** \$25 per day to practice with STC team athletes.
- **Group of Two or More Gymnasts:** \$75 per hour to rent the gym space.

2. **Scheduling:**

All visitor workouts must be **scheduled in advance**. Please contact Seaside Training Center directly to arrange times and confirm availability.

3. **Waiver Requirement:**

The below waiver of liability must be **read, completed, and signed** before any gymnast may participate in workouts or use STC equipment.

### 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, practices, workouts, or open training sessions offered by **Seaside Training Center (hereinafter "STC")**.

I/We recognize that gymnastics involves inherent risks. Severe injuries such as sprains, strains, fractures, concussions, and even catastrophic injuries including paralysis or death can occur in gymnastics. I/We understand and accept these risks.

I/We also understand that my/our child may be training on equipment including, but not limited to, the trampoline, tumbling trampoline, vault, uneven bars, balance beam, floor, and other apparatus commonly used in gymnastics training, and that even when used correctly, such equipment poses inherent dangers.

Therefore, in consideration for allowing my/our child to use STC's equipment and facilities, I/We hereby **release and forever discharge** STC, its owners, officers, employees, teachers, coaches, visiting coaches, agents, and representatives from any and all liability for injuries, damages, or losses sustained by my/our child while participating in activities at STC, whether during a scheduled workout, gym rental, or any STC-supervised or unsupervised time.

As the parent(s) or legal guardian(s) of the aforementioned gymnast, I/We also agree to be solely responsible for any future medical expenses resulting from injuries sustained while training at STC.

I/We certify that I/We have full authority to execute this waiver on behalf of the gymnast named above. This acknowledgment of risk and waiver of liability has been read thoroughly, understood completely, and is signed voluntarily.

### Signatures

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_