

DEFY GRAVITY DGA
1088 By Pass Rd Vinton Va 24179

ATHLETIC RELEASE

In consideration of your acceptance of my participation in S McCulloch, LLC (Defy Gravity DGA), I, intend to be legally bond, do hereby waive, release and forever discharge any and all rights and claims against any and all officers and employees of S McCulloch, LLC; for damages or injuries sustained by me/ my child in class, for travel to and from, and participation in any side functions held by S McCulloch, LLC. I realize that any activity involving height or motion can create the possibility of injury or death.

ACCIDENT RELEASE

In the case that my child is injured in the course of his/her activities in any of the S McCulloch, LLC programs; S McCulloch, LLC officers or employees may take the responsibility for taking my child to the hospital or suitable medical facility and authorize any medical assistance he/she might need. All efforts will be made to contact the parent.

MEDICAL RELEASE

I hereby state that my child has been examined by a physician and may participate without restriction in any S McCulloch, LLC program. I have let S McCulloch, LLC know if my child has any medical conditions or allergies.

PHOTOGRAPH CONSENT

I do hereby consent and agree that S McCulloch, LLC has the right to take photographs of my child and use these photos on the company website, company Facebook page and promotional material without compensation.

COVID-19

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I further acknowledge that S McCulloch, LLC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that S McCulloch, LLC can not guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, facility staff, and other facility clients and their families.

I voluntarily seek services provided by S McCulloch, LLC and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my class or lesson.

I attest that:

- * I am not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.
- * I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold S McCulloch, LLC harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the facility, or that may otherwise arise in any way in connection with any services received from S McCulloch, LLC. I understand that this release discharges S McCulloch, LLC from any liability or claim that I, my heirs, or any personal representatives may have against the salon with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from S McCulloch, LLC. This liability waiver and release extends to the facility together with the owner and employees.

Athlete Name _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Emergency Contact _____ Phone _____

Email _____