



WAIVER AND ASSUMPTION OF RISK

I, _____ (Parent/Guardian) of _____ (Student) hereby fully waive and release Soar Moor Gymnastics of Lake Norman, LLC (Releasee), their staff, affiliates and parent companies from any and all claims for personal injury, property damage, or death that may result from my participation in the following physical activities: **SOAR MOOR GYMNASTICS OF LAKE NORMAN, LLC AND/OR NC STATE OF EMERGENCY CONCERNING THE COVID-19 VIRUS and the comeback after the related closure.**

I hereby voluntarily, **AT MY OWN RISK**, sign this Waiver and Assumption of Risk in sole consideration of being permitted to use the facilities or property located at 235 Rolling Hill Rd., Mooresville, NC 28117.

I hereby acknowledge and understand that there are dangers and risks associated with the activities described below, which have been fully explained to me. I hereby agree to abide by all rules, instructions, policies and procedures imposed by the Releasee relating to the use of the facilities and property.

By signing this Waiver and Assumption of Risk, I fully assume the dangers and risks, and agree to use my best judgment while engaging in those activities. I further agree to indemnify and hold harmless the Releasee, its employees, agents, officers, members and parent companies from and against any and all liability incurred as a result of or in any manner related to my participation in the activities.

I hereby certify that I am of legal age and competent to execute this Waiver and Assumption of Risk, that in doing so of my own free will and accord, voluntarily and without duress, and that I do so intending to bind myself, my executor, my heirs, and administrators or assigns to the fullest extent.

I am aware that while gymnastics, trampoline, tumbling, ninja, silks, dance, preschool and any programs offered are individual sports, there are times when incidental contact will occur. Soar Moor Gymnastics of Lake Norman, LLC is operating in a social and physical distancing environment but even with the best efforts and intentions, there will be times when the children will breach the prescribed (currently 6') distancing recommendation. In addition, our teaching and coaching staff will spot and physically assist when the circumstances require it.

Spotting our students and athletes is often necessary in order to teach skills safely, to help athletes perform skills correctly and to prevent injury.

Please initial one of the 2 choices.

____ I understand and agree that spotting will be part of the learning process at Soar Moor and I agree to permit my child's teacher or coach to physically assist when needed.

____ I understand that spotting is part of Soar Moor's learning process but I DO NOT give permission to my child's teacher or coach to physically assist (unless in emergency circumstances). I understand that this may slow my child's learning curve. My child will wear a bracelet provided by Soar Moor as a visual cue for her teacher or coach that we do not permit physical assisting.

In addition to the above, Soar Moor is going to implement new rules and policies. Please initial that you have read them.

____ I understand that anyone entering the facility will have their temperature taken and recorded. I agree to this policy.

____ I understand that that all students and staff will use their best effort in keeping the recommended safety distance of 6 feet. I understand that all students not abiding by this rule will be asked to leave for the day and to return to in-person camps and classes once we enter a later phase. Students will still be able to participate in online based classes.

____ I understand that direct assistance will always be given in the event of emergency or injury.

I have read and understood the foregoing, and acknowledge my consent to the terms of this Waiver & Assumption of Risk by signing this Waiver.

Date: _____

Witness Name Printed: _____

Parent / Guardian Signature: _____

Witness Signature: _____

Parent/ Guardian Telephone: _____