

Carolina Stars Parent Agreement Waiver/Release Form

Participant's Name _____ Date _____

Participant's Birthday _____ Phone number _____

General Medical

Does your child suffer from any allergies? Yes / No

If yes, please list _____

Is your child on any medication? Yes / No

If yes, please list _____

Has your child suffered any serious injuries? Yes / No

If yes, please list _____

Is there anything our staff should be aware of when teaching your child? Yes / No

If yes, please explain _____

Covid-19 Medical

Do you have any flu like symptoms such as fever, chills, cough or shortness of breath? Yes / No

Do you have a significant chronic illness? Yes / No

If yes, please specify _____

Do you have a compromised immune system? Yes / No

Have you traveled outside of the country in the last month? Yes / No

Have you had close contact to an individual diagnosed with Covid-19? Yes / No

Have you recently been tested for Covid-19? Yes / No

If yes, did you test positive for Covid-19? Yes / No

Release of Liability

By the very nature of the activity, gymnastics carries a risk of physical injury. These risks include minor injuries such as bruises and more serious injuries such as broken bones, dislocations and muscle pulls. These risks also include catastrophic injuries such as permanent paralysis or death from landings or falls on the back, neck or head. These risks can be reduced through coach/student care, safety mats, spotting, lower heights and reduced speed; however, these risks can never be completely eliminated. In addition to potential injuries, there is also a risk of spreading diseases including, but not limited to, Covid-19. While Carolina Stars (CSGA) has made every effort to put modifications into place in order to reduce the spread of viruses, we can never completely eliminate the possibility of spread.

I am fully aware of and appreciate these risks as well as other damages and losses associated with the participation in gymnastics activities and events.

I fully agree that CSGA, and the sponsor of any Carolina Stars gymnastics event, along with the employees, coaches and officers of these organizations shall not be liable for any loss or damages occurring as a result of participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of the organizations or individuals identified above. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless CSGA, its employees, agents and representatives, of and from CSGA, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or related to Covid-19 or other disease. I understand and agree that this release includes any claims based on actions, omissions, of CSGA, its employees, agents and representatives, whether a Covid-19 infection occurs before, during or after participation in any CSGA program.

I also grant permission for members of CSGA to administer temporary first aid to my child/children in the event of an injury/illness, and to seek medical attention including transportation to a health care facility or hospital, or calling of an ambulance should it be deemed necessary.

Printed Name of Parent/Guardian (Adult Participant) _____

Signature of Parent/Guardian (Adult Participant) _____ Date _____