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GENERAL WAIVER

THE NEED FOR ANY ADULT SUPERVISION THAT COULD BE REQUIRED FOR THIS ACTIVITY WILL BE SOLELY THE RESPONSIBILITY OF DREAMS GYMNASTICS ACADEMY LTD.

(p) acknowledge, understand, accept and agree that DREAMS GYMNASTICS ACADEMY LTD. has tried to create a safe and controlled environment for safe participation and that it has established Gym Rules for participation on and about the gymnastics area that must be followed by the participant.

ρ I acknowledge, understand, accept and agree that failure to comply with any such Rules may result in removal from the gym. DREAMS GYMNASTICS ACADEMY LTD. reserves the right, at its absolute discretion, to remove a participant from the gym and/or property for the failure to adhere to any rule without refund or other recourse accruing to such participant.

 ρ I acknowledge, understand, accept and agree to abide by all "Gym Rules" including (but not limited to) those described below:

The Supervising Coach IS in charge and has full authority over all participants.	NO HORSEPLAY ALLOWED. The Supervising Coach has the authority to refuse or expel anyone.	
All accidents/incidents must be reported to the Supervising Coach.	All equipment must be returned to its original place by the user.	
One at a time on the trampoline. No flips or "head-first" or prone entries into the pit (no head or prone falls). "Feet-first" ONLY.	Any skill which is unfamiliar to a person cannot be performed.	
No dress shoes, boots or dirty runners allowed on the gym floor. No socks on beam.	No smoking or alcohol is allowed. Anybody appearing to be impaired will be immediately expelled.	
No jewelry allowed (long earrings, bracelets, rings, watches).	No shouting, swearing or rude language.	
11. Long hair must be tied back.	No jeans or ripped pieces of clothing allowed.	
 No gum, candy, food or drink allowed past the viewing area. 	 When and if required, the Supervising Coach will implement the Emergency Policy and Procedures. 	
15. No loose objects allowed on trampoline (i.e balls, hoops etc)	16. Swinging on rings is NOT allowed.	
17. Rope climbing can be done only if a crash mat is placed under the rope.	 Use of the equipment is strictly forbidden without the proper supervision of a qualified DREAMS GYMNASTICS ACADEMY LTD. coach. 	

P I acknowledge, understand, accept and agree that gymnastics and other activities offered at DREAMS GYMNASTICS ACADEMY LTD., may involve a certain element of risk, which may result in bodily injury (including the risk of severe or fatal injury) to myself or my child/ward. These risks include, but are not limited to: All manner of injuries of a muscular or soft tissue nature (including bruises, scrapes, cuts etc., from executing strenuous and demanding physical activities, collisions with any part of the facility, its content and other hardispants and failure in the proper execution of various gymnastics techniques. All manifying in syrains, dislocations, concussions fractures, hematomas, whiplashes, contusions, pulled or strained muscules or liquires establing in syrains, dislocations, concussions fractures, hematomas, whiplashes, contusions, pulled or strained muscules or liquires establing in syrains, dislocations, concussions fractures, hematomas, whiplashes, contustions, all manner of injuries. All manner of injuries. All manner of injuries. All manner of injuries, severe or fatal, resulting from cuts, test, bruises or punctures. All manner of injuries of body parts and organs and trauma to the larginx and phranynx.

- ho I acknowledge, understand, accept and agree that my child may become fatigued and may experience pain, frustration and performance anxiety.
- D i acknowledge, understand, accept and agree that gymnastics may require the Coach to perform some manual spotting which involves direct physical contact and is designed to assist the participant in the safe performance of the program skills
- P1 acknowledge, understand, accept, agree and hereby confirm that I, or my child, am/is fit to participate in gymnastics and that I am unaware of any physical or mental condition or impediment, which would prevent or hinder myself or my child from participating safely in the programs at DREAMS GYMNASTICS ACADEMY LTD. I confirm that I have accurately reported and disclosed any medical information (physical and mental) to DREAMS GYMNASTICS ACADEMY LTD. which is necessary for the proper gymnastics involvement and care of the above-mentioned child/person.
- ρ 1 hereby authorize that basic first aid to be delivered to myself or my child by DREAMS GYMNASTICS ACADEMY LTD. or other authorities. By administering basic first aid when required or requested, DREAMS GYMNASTICS ACADEMY LTD. in no way warrants or assumes any liability in relation to the administration of such basic first aid.
- ρ I acknowledge, understand, accept and agree that, in the case of an emergency DREAMS GYMNASTICS ACADEMY LTD. assumes no responsibility or obligations relative to any cost or expense related to carrying out any emergency procedures and/or emergency transportation for myself or my child.
- ρ I acknowledge, understand, accept and agree that a portion of the registration fee to DREAMS GYMNASTICS ACADEMY LTD. is paid to the Alberta Gymnastics Federation (A.G.F.) and is allocated to the annual A.G.F. General Liability Insurance Policy should an injury/accident occur, while a participant at DREAMS GYMNASTICS ACADEMY LTD. This cost is compulsory and cannot be waived.

In consideration of the acceptance of my participation and/or of my child's participation I, intending to be legally bound, do hereby, for myself and/or my child, heirs, executors and administrators waive the right to sue DREAMS GYMNASTICS ACADEMY LTD. I, also release forever and discharge any and all rights and claims for losses, damages and/or injuries which I and/or my child may have or may hereafter accrue against DREAMS GYMNASTICS ACADEMY LTD or its respective officers, agents, representatives, employees, volunteers, officials, sponsors, directors, agents, coaches, instructors or independent contractors for any losses, damages and injuries which may be sustained and suffered by me and/or my child in consideration with or acceptance to my the participation is a said athletic activities.

connection with our association with or entry in the above athletic activity or which may arise out of our participating in said athletic activity.			
IF participant is UNDER 18 years of age			
NAME OF PARTICIPANT:			
ADDRESS OF PARTICIPANT:			
NAME OF LEGAL GUARDIAN:	PHONE NUMBER:		
Signed:	Date:		
IF participant is AT LEAST 18 years of age			
NAME OF PARTICIPANT:			
ADDRESS OF PARTICIPANT:			
Signed:	Date:		
Failure to sign and return this waiver form will result in not being a	dmitted in the gym.		
Alberta Freedom of Information and Protection of Privacy Act (FOIP) By signing below, you consent to have the information in this document collected by the Owners of DREAMS GYMNASTICS ACADEMY LTD. The personal information requeste ACADEMY LTD. and under Section 33 of the FOIP Act to allow participation in DREAMS GYMNASTICS ACADEMY LTD.'s programs. Certain personal information may be made appropriate legislative authority. Personal information is protected under the Alberta FOIP Act.	d in this document is collected under e available to Federal and Provincial	the authority of DREAMS GYMNASTICS government departments and agencies under	
Please consult DREAMS GYMNASTICS ACADEMY LTD' Privacy Policy, which is available for consultation at the gym and on our	ur website (www.dreamsgym	nasticsacademy.com)	
Signature: Date:	Date:		
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* I allow DREAMS GYMNASTICS ACADEMY LTD., to use pictures of my child for their promotional	purposes, unless I s	pecifically indicate	
otherwise in writing to DREAMS GYMNASTICS ACADEMY LTD.	NO π	YES π	
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* Do you wish to receive E-mail Newsletters from DREAMS GYMNASTICS ACADEMY LTD. ?	NO π	YES π	