



## Open Gymnastics Waiver And Protocol

1. Waiver is required for participation in an age appropriate open gymnastics.
2. Parent or Legal Guardian must sign waiver for all family members planning to participate in any of the open gymnastics times we offer.
3. ONLY participants that have paid and filled out waiver are allowed on the floor.
4. Participants will be informed of all rules at the beginning of open gymnastics, which must be attended in order to participate – or if late, must go over rules with instructor before participating.
  - a. **ONE person on trampoline at a time**
  - b. **All gymnastics into pit must land FEET FIRST ONLY and by power of the individual**
  - c. **NO running (unless it is in a designated area)**
  - d. **ONLY skills you already have prior to Open Gymnastics should be performed unless you have the approval from an instructor, or a spot from an instructor**
  - e. **Our instructors are here to make sure everyone knows the rules and to try to keep everyone safe (Family open gymnastics requires parent/guardian supervision on the floor)**
  - f. **Most importantly, have fun and respectful of everyone around you.**
5. Instructors hold the right to suspend any behavior or skills, which deem to be dangerous or inappropriate to the participant or other participants in the gym and has the right to dismiss a participant from the activity.

By signing below, I understand and will **abide by the open gymnastics protocol**, this waiver will be good for one year, starting with the date it is signed. I understand by signing this form Evergreen Park & Recreation District is not liable for any injury incurred by the participant, myself, or both, while participating in this program. Any participant under 18 years of age must have a parent or legal guardian's signature.

Parent or Legal Guardian Participating (printed) \_\_\_\_\_

(If 2<sup>nd</sup>) Parent or Legal Guardian Participating (printed) \_\_\_\_\_

Parent or Legal Guardian Participating(signature) \_\_\_\_\_

Parent or Legal Guardian Participating(signature) \_\_\_\_\_

Child(ren)'s Name(s) & Date of Birth (printed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child(ren)'s initials that he/she will abide by  
protocol rules:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact number \_\_\_\_\_

*Wulf Recreation Center 5300 Olive Road Evergreen CO 80439 (720) 880-1200*



**CORONAVIRUS/COVID-19  
ACTIVITY PARTICIPATION ASSUMPTION OF RISK, RELEASE,  
WAIVER, AND DISCHARGE**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. It is believed that an asymptomatic individual can be infected with and transmit COVID-19 without their knowledge.

Evergreen Park & Recreation District (“EPRD”) has put in place preventative measures recommended by the State of Colorado to reduce the spread of COVID-19, however, EPRD cannot guarantee that you, your child(ren), your spouse, or anyone else will not become exposed to or infected with COVID-19 as a result of participating in an EPRD program, event, or activity. Your voluntary participation in an EPRD program, event or activity could increase the risk of contracting COVID-19.

NOW, THEREFORE, in consideration of being permitted to participate in programs, events and/or activities offered by EPRD, I understand, acknowledge and agree to the following:

I have independently evaluated and reviewed the risks of being exposed to or infected with COVID-19 and have determined to participate in EPRD programs, events, and/or activities with full knowledge and acceptance of the risk. Fully understanding these risks, I, for myself, my child(ren), my spouse, my legal representatives, heirs, and assigns, hereby agree to assume full responsibility and liability for the risk of bodily injury, illness, permanent disability, and/or death which may result from exposure to or infection with COVID-19 before, during, or after participating in an EPRD program, event, or activity.

I, for myself, my child(ren), my spouse, my legal representatives, heirs and assigns, hereby waive, release, and discharge EPRD, its officials, employees, volunteers, and agents from any and all liability to me, my child(ren), my spouse, my legal representatives, heirs, and assigns, for any and all losses or damages resulting from bodily injury, illness, permanent disability, and/or death, whether caused by negligence of EPRD or its officials, employees, volunteers, attorneys, and agents or otherwise, which claims, losses, and demands arise during or result directly or indirectly from exposure to or infection with COVID-19 before, during, or after participating in an EPRD program, event, or activity.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent/Guardian

Printed Name of Participant(s) \_\_\_\_\_