

Open Gymnastics Waiver and Protocol

Date: _____



Expires: _____

1. Waiver is required for participation in age appropriate Open Gymnastics.
2. Parents or Legal Guardians must sign a waiver for all family members planning to participate in any of the open gymnastics times that we offer.
3. ONLY participants that have paid and filled out the waiver are allowed out on the floor.
4. Participants will be informed of all the rules at the beginning of open gymnastics, which must be attended in order to participate – OR if late, must go over the rules with an instructor before participating
 - a. **ONE person on the trampoline at a time**
 - b. **All gymnastics into the 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 have already learned prior to Open Gymnastics should be performed, unless you have 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 be respectful to those around you.**
5. Instructors hold the right to suspend any behavior or skill, which are deemed to be dangerous or inappropriate to the participant or other participants in the gym.
6. Instructors have the right to dismiss the participant from the activity without a refund if the participant continues to cause a disruption.

By signing below, I understand and will abide by the open gymnastics protocol, this waiver will be good for one (1) year from the date this is signed. I understand that 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 the age of 18 years of age MUST have a parent or legal guardian's signature.

Parent or Legal Guardian Participating (*PRINTED*): _____

Parent or Legal Guardian Signature: _____

(If 2nd) Parent or Legal Guardian Participating (*PRINTED*): _____

Parent or Legal Guardian Signature: _____

EMERGENCY CONTACT NAME & NUMBER

Child's Name:	Date of Birth:	Initials:
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