

COVID-19 Pandemic Waiver
Spirals Foundation for Gymnastics

Spirals Gymnastics, (following state and local guidelines) has put in place preventative measures to reduce the spread of COVID-19; however, Spirals Gymnastics cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Spirals Gymnastics could increase your risk and your child(ren)'s risk of contracting COVID-19.

ASSUMPTION OF THE RISK

By signing this agreement, I _____, on behalf of my child(ren) _____, acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that myself or my child may be exposed to or infected by COVID-19 by attending Spirals Gymnastics and that such exposure or infection may result in personal injury, illness, permanent disability, and even death. I understand that the risk of becoming exposed to or infected by COVID-19 at Spirals Gymnastics may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Spirals Gymnastics employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my myself or my child(ren) including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my attendance at the Spirals Gymnastics.

_____ (parent/guardian initials)

Release and Waiver:

On my behalf, and on behalf of my children, I hereby release, waive, and discharge and covenant (agree) not to sue. Further, I discharge, and hold harmless Spirals Gymnastics employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Spirals Gymnastics program, except for those caused by the willful and wanton misconduct, gross negligence or intentional harm of the Spirals Foundation.

_____ (parent/guardian initials)

Self-Screening

I acknowledge and agree that I, my family, and child(ren) are in good health, and my children are in proper physical condition to participate in a gymnastic's program. We further agree to complete a self-screening and a screening of my child(ren) prior to participating in any Spirals Gymnastics program and will only participate if I, my family, and my child(ren) have not had in the past 14 days, and currently we do not have any symptoms of COVID-19, including but not limited to: sore throat, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.

I also agree to a temperature check for myself and my child(ren) before the start of any Spirals Gymnastics activities. I agree to confirm to Spirals Gymnastics staff before each Spirals activity that I have completed the self-screening for myself and my child(ren).

I agree, on behalf of myself and my child(ren), not to participate in any Spirals Gymnastics related activities if any member of my household, including myself and my child(ren), are undergoing evaluation for possible SARS-CoV-2 infection until said individuals have been notified of negative or not-detected SARS-CoV-2 testing results.

_____ (parent/guardian initials)

Notification of Exposure/Infection

I, on behalf of my child(ren), agree to not participate in Spirals related activities if they or any member of the household is diagnosed with a SARS-CoV-2 related infection until they have been cleared to return based upon Spirals current SARS-CoV-2 related return to gym guidelines. Non-participation begins immediately at the time of diagnosis with SARS-CoV-2 infection.

Any person who has participated in Spirals related activities diagnosed with a SARS-CoV-2 infection shall inform Spirals as soon as possible, but no later than 24 hours after diagnosis with a SARS-CoV-2 related disease, via their coach or the general Spirals email (spiralsfoundation@yahoo.com) or phone (805-968-2453). Spirals Gymnastics will notify other Spirals participants, as required by local, state and federal guidelines, of their potential exposure to COVID-19. Privacy shall be strictly maintained and at no time shall any personal information be divulged relating to the person(s) diagnosed with SARS-CoV-2 disease.

_____ (parent/guardian initials)

I CERTIFY THAT I HAVE READ THE SPIRALS FOUNDATION COVID-19 PANDEMIC WAIVER DOCUMENT.

_____ (parent/guardian initials)

I FULLY UNDERSTAND ITS CONTENT.

_____ (parent/guardian initials)

I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

_____ (parent/guardian initials)

Parent's Signature _____,

Signing for their CHILD(REN): _____

Date: _____