



2022-23 Exxxcel Gymnastics and Climbing Birthday Party Participant Waiver

Exxxcel Gymnastics & Climbing / 88 Wells Avenue / Newton, MA 02459 / (617) 244.3300 * (617) 244.5777 (fax)

Name of Birthday Child: _____

Child's Name: _____ Birthday: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent(s) Name(s): _____

Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Are there any medical conditions to which we should be alerted? _____

Acknowledge of Risk & Waiver of Liability

We, _____, the parents or legal guardians of _____, hereby give permission for our child(ren) to participate in programs at Exxxcel Gymnastics, LLC. We recognize that gymnastics and climbing are sports that involve height and rotation of the body, and there are inherent risks involved. On behalf of our child, and on our own behalf, we agree to waive all claims against Exxxcel Gymnastics, LLC and it's owners, staff and instructors for any liability, loss, cost, damage, medical expense, long-term care or emotional distress arising out of any personal injury, including total disability, paralysis and death, which may occur to any of our children or ourselves while on the premises of or under the instruction, supervision, or control of Exxxcel Gymnastics, LLC. We hereby testify to our child's health of mind and body and we authorize Exxxcel Gymnastics, LLC to seek medical treatment at the nearest medical facility in case of emergency.

* **Only the Host Parents are allowed in the building.** Other parents must **drop off/pickup only.**

* **No adult** is allowed on any pieces of gymnastics or climbing equipment.

* **Exxxcel reserves the right to make, display and/or publish individual photographs.** Photographs may be displayed within the gym, on the internet or printed in our advertisements and promotional materials.

Assumption of the Risk and Waiver of Liability Supplement Relating to COVID

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. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

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

By signing this agreement, I _____ acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Exxxcel Gymnastics LLC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Exxxcel Gymnastics LLC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Exxxcel Gymnastics LLC 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 child(ren) or myself (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 child(ren)'s attendance at Exxxcel Gymnastics LLC or participation in Exxxcel Gymnastics LLC programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Exxxcel Gymnastics LLC, its 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 Exxxcel Gymnastics LLC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Exxxcel Gymnastics LLC program.

I understand that this is a supplement to the 2022-23 Release Form(s). I/We have read and understand all the above and agree to abide by the policies listed.

Signature of Parent/Guardian _____ Date: _____

Print Name of Parent/Guardian _____

Name of Student(s) _____