



2020-2021 PLAYDATE/OPEN GYM/SPECIAL EVENT RELEASE FORM

88 Wells Avenue, Newton, MA (617) 244-3300 / (617) 244-5777 (Fax) www.exxcels.net

Child's Name: _____ **F** _____ **M** _____ **DOB** _____

Describe any medical conditions which we should be aware of: _____

Parent #1: _____ **Email:** _____

Address: _____ **City/State:** _____ **Zip** _____

Home #: _____ **Cell#:** _____ **(Opt In Text? Y/N) Work#:** _____

Parent #2: _____ **Email:** _____

Address: _____ **City/State:** _____ **Zip** _____

Home #: _____ **Cell#:** _____ **(Opt In Text? Y/N) Work#:** _____

Emergency Contact Name/Relationship: _____ **Emergency Contact #:** _____

How did you hear about Exxcels Gymnastics? _____

Acknowledgment of Risk and Waiver of Liability

As parents or legal guardians of _____, we hereby give permission for our child and ourselves to participate in all programs offered at Exxcels Gymnastics, LLC. We recognize that gymnastics and climbing are sports that involve height and rotation of the body, and there are inherent risks involved, including risks of serious injury, other personal injury, or death. On behalf of our child and on our own behalf, we freely and voluntarily assume those risks and we agree to waive all claims against, and hold harmless, Exxcels Gymnastics, LLC and its owners, staff and instructors for any liability, loss, injury, cost, damage, medical expense, long-term care or emotional distress arising out of any personal or other injury, including total disability, paralysis and death, which may occur to any of our children while on the premises of or under the instruction, supervision, or control of Exxcels Gymnastics, LLC, and we agree to assume all responsibility for doctor, ambulance expense, hospital expenses, and medical expenses for any loss or injury by reason of our use or our child's use of facilities owned or operated by Exxcels Gymnastics, LLC. We testify to our child's sound health of mind and body and we authorize Exxcels Gymnastics, LLC to seek medical treatment at the nearest medical facility in case of emergency.

- **Each Parent/child must register & pay with the office. Children must also receive a name tag before entering the gym.**
- **Parent signature(s) are required on release forms in order for the child(ren) to participate in open gym. No other adult/chaperone will be allowed to sign the form.**
- **Adults are not allowed on any equipment and must supervise their children at all times.**
- **No flipping is allowed. Only Exxcels's Team gymnast who have mastered the skill/event are permitted to do so.**
- **Exxcels reserves the right to remove any child who becomes uncontrollable &/or violates safety rules – no refund or credit will be issued.**
- **Exxcels 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 or promotional materials.**
- **Exxcels is not responsible for lost or stolen items brought into the facility. Please leave valuable items at home.**

We have read and understand all the above and agree to the above terms, including the Waiver of Liability.

Parent, Guardian or Authorized Person's Signature: _____

Date: _____

For Office Use Only:

Group: _____
Dates: _____
Times: _____