



## General terms and conditions of entry to and participation in Cartwheels Gymnastics Facilities and Programs

1. I warrant that my use of the Cartwheels Gymnastics gym and participation in the Cartwheels Gymnastics activities is in all respects voluntary. I acknowledge the risks associated with gymnastics activities and assume responsibility for all those risks.
2. I state that I am physically and medically fit and I am not aware of any medical or physical condition that would prevent me from participating in the Cartwheels Gymnastics activities or from using equipment or facilities, which pose a serious health risk to me.
3. I acknowledge that Cartwheels Gymnastics and its employees and related entities will not be held responsible by me for any injury, damage or loss suffered by me by reason of any omission or negligence of any Cartwheels Gymnastics employee or volunteer, or by any other reason whatsoever at the Cartwheels Gym or any location in which Cartwheels Gymnastics activities are held.
4. I understand that the training may involve gymnastic movements, strenuous bodyweight exercises and other high exertion activities, and that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions.
5. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my coach.
6. I understand that my involvement in any Cartwheels Gymnastics activities may be photographed or videotaped. I hereby consent to the use of these photographs and/or videos without compensation, by Cartwheels Gymnastics on their website, any & all forms of social media.
7. I agree that the gym is in no way responsible for the safekeeping of my personal belongings while I attend class.
8. I hereby consent to participating in Cartwheels Gymnastics activities, and agree to simple first aid being provided to all minor injuries. I understand that every endeavour will be made to contact me (or emergency contacts given) prior to any additional medical attention being sought. Where it is not practical to contact me, I hereby authorise the staff at Cartwheels Gymnastics to seek medical intervention (including treatment, emergency transport, hospitalization & medication) in the event of an accident, mishap or illness during my child's participation in programs throughout the year. I understand these services will be sought at my expense and deemed necessary and/ or appropriate by the staff of Cartwheels Gymnastics.
9. I agree to WAIVE ANY AND ALL CLAIMS that I have or may have in the future against the gym, and its directors, officers, employees, agents, volunteers and independent contractors (all of whom are hereinafter collectively referred to as "the Releasees"). I agree to RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the programs, activities and services provided by the gym, due to any cause whatsoever including negligence, breach of contract, or breach of any statutory or other duty of care. I agree to HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in any program, activity or service provided by the releasees. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS "INFORMED CONSENT FORM" I AM WAIVING CERTAIN LEGAL RIGHTS (INCLUDING THE RIGHT TO SUE) WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTOR, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES. ANY QUESTIONS I HAD WERE ANSWERED TO MY FULL SATISFACTION.

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

(Under 18) Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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