

KIDS KINGDOM SPORTS CENTER

Home of Euro Stars Gymnastics

OPEN GYM RULES/POLICIES

1. ALL PARTICIPANTS MUST HAVE A SIGNED WAIVER BEFORE ENTERING GYM.
2. ALL PARTICIPANTS MUST SIGN IN AND OUT.
3. ONCE A PARTICIPANT SIGNS OUT AND LEAVES THE BUILDING, THEY WILL NOT BE ALLOWED TO RE-ENTER THE GYM.
4. NO FOOD OR DRINKS MAY BE BROUGHT FROM THE OUTSIDE. CONSESSIONS WILL BE SOLD IN THE LOBBY AREA.
5. NO FOOD OR DRINKS ARE ALLOWED IN THE GYM AREA.
6. NO THROWING FOAM PIT CUBES OUT OF THE PIT AREA.
7. NO THROWING OR PUSHING ANYONE INTO THE PIT.
8. ONLY ONE PARTICIPANT ALLOWED ON THE TRAMPOLINE AT A TIME.
9. NO SHOES ALLOWED IN THE GYM AREA. CUBBIES ARE PROVIDED TO KEEP ALL ITEMS.
10. PLEASE DO NOT BRING ITEMS OF VALUE INTO THE GYM. KIDS KINGDOM SPORTS CENTER IS NOT RESPONSIBLE FOR LOST OR STOLEN ITEMS.
11. DO NOT ATTEMPT SKILLS ABOVE YOUR CURRENT ABILITY.
12. NO DIVING HEAD FIRST INTO LOOSE FOAM PIT. LANDINGS ONTO FEET ONLY.
13. NO ADJUSTING OR READJUSTING OF ANY EQUIPMENT.
14. OPEN GYM IS NOT A STRUCTURED CLASS.

I have read the above rules and I understand that if I do not follow them, I will be asked to leave the facility and will not be allowed to return.

Student Name: (Please print)

Parent or Legal Guardian Signature

Date

Address

Print Name

City/State/Zip code

Phone Number

Open Gym Waiver & Release Form

Participant(s) shall follow all Euro Stars Gymnastics, Inc. rules

1. I/we fully understand and will instruct the minor participant that:
 - a. There are risks and dangers associated with participation in gymnastics events and activities including but not limited to those of bodily injury, partial and/or total disability, paralysis and death;
 - b. The social and economic losses and/or damages, which could result from those risk and dangers described above, could be severe;
 - c. These risks and dangers may be caused by the negligence of the participant or the negligence of others; or the negligence or reckless actions of other participants who may not have complete control of their actions during participation in the gym.
 - d. There may be other risks not known to us or that are not foreseeable at this time.
2. I/we accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death however caused or alleged to be caused in whole or in part.
3. I/we agree that this Consent and Assumption of Risk Statement covers each and every event or activity sponsored by Euro Stars Gymnastics, Inc.
4. In consideration for allowing the student/participant to participate I hereby release, waive and covenant not to sue Euro Stars Gymnastics, Inc. or its directors, officers, employees, coaches, teachers or agents, or Euro Stars Booster Club from any and all present and future liability or claims, known and unknown, resulting in property damage, bodily injury or wrongful death arising as a result of my engaging in or receiving instruction in gymnastics or any other activities incidental thereof, whenever or however they may occur, including those claims of negligence, gross negligence or recklessness.
5. I further agree to indemnify and hold harmless Euro Stars Gymnastics, Inc. and its officers, directors, coaches, teachers, employees and agents and Euro Stars Booster Club for any and all claims arising as a result of my engaging in or receiving instruction in Euro Stars Gymnastics, Inc. activities or any activities, incidental thereto whenever, or however the same may occur.

I/WE HAVE READ THE ABOVE AND SIGN IT VOLUNTARILY

Parent or Legal Guardian Signature

Date

Print Name

I have read this contract and agree to the conditions set forth on behalf of my minor child.

WRITTEN CONSENT FOR ILLNESS AND ACCIDENT

In case of an accidental injury or illness, I hereby give my written consent for any Euro Stars Gymnastics Inc. staff member to arrange transportation for my child to a Hospital's Emergency Room and to obtain the necessary medical treatment for my child in an emergency situation. Medical treatment can be given in the event I am not able to be contacted or present during such medical treatment.

Parent or Legal Guardian Signature

Date