



14023 Noblewood Plaza Drive Woodbridge, VA 22193

www.youthsportsva.com

**HIGH SCHOOL INDEMNITY FORM
PARTICIPANT INFORMATION**

HIGH SCHOOL ATTENDING _____

First Name _____ Last Name _____

Address _____

Health / Medications / Allergies _____

PARENT/GUARDIAN INFORMATION

First Name _____ Last Name _____

Emergency Phone # _____ Email Address: _____

INSURANCE / PHYSICIAN INFORMATION

Physician Name _____ Phone # _____

Insurance Co. _____ ID # _____

I fully understand that Youth Sports Staff members are not Physicians or Medical Practitioners of any kind. With the above in mind, I hereby release the Youth Sports Staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Youth Sports Staff to call our doctor and to seek medical help, including transportation by a Youth Sports Staff Member or its representatives, whether paid or volunteer, to seek any health care facility or hospital, or the calling of an ambulance for said child should the Youth Sports Staff deem this to be necessary.

We, the staff of Youth Sports recognize our obligation to make our student/participants and their parents aware of the risks and hazards associated with the sports of gymnastics, jump rope, trampoline, tumbling, cheerleading, fencing, martial arts and dance. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics, jump rope, trampoline, tumbling, cheerleading, fencing, martial arts and dance, can be dangerous and lead to injury.

Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instructions. The Youth Sports, its coaches, and other staff members, will not accept responsibility for injuries sustained by any student participating in the Youth Sports Summer Camp Program... With the above in mind and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Youth Sports. I, my executors, or representatives, waive and release all rights and claims for damages that I or my child may have against Youth Sports or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalizations, health, and accident insurance coverage which I consider adequate for both by child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Youth Sports will only warn the child through "Safety Messages" and our teaching styles and progressions.

I/We also give Youth Sports permission to use any videos or photographs of the participant for publicity or promotional purposes.

Parent/Guardian Signature: _____ Date: _____

Participant's Signature if over 18 years old. _____ Date: _____

****COVID 19 FORMS REQUIRED**

YOUTH SPORTS GYMNASTICS

Youth Sports Virginia Training Center, Inc 14023 Noblewood Plaza Woodbridge, VA 22193

STUDENT NAME: _____ PARENT'S NAME: _____

ADDRESS: _____ ZIP: _____

DATE OF BIRTH: _____ PHONE: _____ EMAIL: _____

Safe to Return Wellness Agreement

Due to the spread of COVID-19, we need to make sure all those coming into the building are well. Please check through this list below and if your child can answer YES to ANY of these then they will not be able to enter the gym or return until symptom free. We will also be checking temperatures at the door and confirm that they are still symptom free.

- FEVER over (100.4°F or higher) or a sense of having a fever.
- SHORTNESS OF BREATH new shortness of breath or difficulty breathing that you cannot attribute to another health condition.
- COUGH, CHILLS or SORE THROAT, or LOSS OF TASTE/SMELL that you cannot attribute to another health condition.
- New MUSCLE ACHES (myalgia) that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)
- Have you had a positive test for the virus that causes COVID-19 disease within the past 10 days?
- In the past 14 days, have you had close contact (within about 6 feet for 15 minutes or more) with someone with suspected or confirmed COVID-19?

I have read the above and agree.

Parent/Guardian Signature: _____ Date: _____

Participant's Signature if over 18 years old. _____ Date: _____



Youth Sports Virginia Training Center, Inc 14023 Noblewood Plaza Woodbridge, VA 22193

STUDENT NAME: _____ PARENT'S NAME: _____

ADDRESS: _____ ZIP: _____

STUDENT DATE OF BIRTH: _____ PHONE: _____ EMAIL: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in one or more programs (each an "Activity") of YOUTH SPORTS VIRGINIA TRAINING CENTER, INC. d.b.a. YOUTH SPORTS GYMNASTICS ("Youth Sports"), I represent that I understand the nature of such Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involves risks of bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of one or more of the "Releasees" named below; and I further understand that there may be some risk of contracting the COVID-19 virus or other similar virus; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.

I understand that Youth Sports is permitting individuals to enter the premises and participate in Activities despite the ongoing spread of COVID-19, commonly known as "the Corona Virus," and other similar viruses. Despite Youth Sports taking all reasonable steps to prevent the spread of infectious disease, I understand that I might contract this virus at Youth Sports. I further understand that the facts, circumstances, situation, and advised response to COVID-19 is constantly changing, and Youth Sports has no reliable way to keep fully abreast of this information. Therefore, I will not rely on Youth Sports permission for entry onto its premises as a determination that such entry is safe or advisable, even if done in accordance with Center for Disease Control guidelines, Commonwealth of Virginia guidelines, federal guidelines, local guidelines, and/or any other statutes, regulations, guidelines. All persons who enter the premises of Youth Sports do so at their own risk and peril. I, therefore, agree to assume and take on myself all the risks and responsibilities in any way associated with my entry onto the premises of Youth Sports.

I hereby release, discharge, and covenant not to sue Youth Sports or any of its subsidiaries, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises in which the Activity takes place, (each a "Releasee" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of one or more Releasee or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such a claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, and understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and further agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

PARENTAL CONSENT

AND I, the parent and/or legal guardian of the minors identified below (each a "Minor"), understand the nature of the above referenced Activities and I am aware of the Minor's experience and capabilities and believe the Minor to be qualified to participate in such Activity. I also certify that I have taken all reasonable steps to ensure that neither I, nor the Minor, are contagious before entering the Youth Sports facility. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, loses or damages on the Minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the Minor, or anyone on the Minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasees may incur as the result of any such claim.

I have read the above and agree.

Parent/Guardian Signature: _____ Date: _____

Participant's Signature if over 18 years old. _____ Date: _____