

MARY ALLEN, D/B/A/ GYM BIN
MINOR CONSENT AND ASSUMPTION OF RISK STATEMENT

In consideration of your child (hereinafter referred to as our participant) being allowed to participate in certain events and activities conducted by Mary Allen, d/b/a/ the Gym Bin and located at 928 Washington Avenue, Bemidji, Minnesota, 56601, parents and/or legal guardians of the minor participant named below agree as follows:

- 1) That I/We fully understand:
 - a. That there are risks and dangers associated with participation in gymnastic events, and activities including those risks and dangers that could result in sever bodily injury or even death; and
 - b. That the social and economic losses and/or damages which could result from those risks and dangers could be severe; and
 - c. The risks and dangers may be caused by the negligence of the participant or the negligence of others; and
 - d. There may be other risks not known to us and not reasonably foreseeable at this time.
- 2) That I/We accept and assume such risks and responsibilities for the losses and/or damages following such injury, or disability, however caused or alleged to be caused.
- 3) I/We also fully understand:
 - a. COVID-19 is extremely contagious and is believed to be spread from person to person contact. The Gym Bin has put in place preventative measures to reduce the spread of COVID-19 but the Gym Bin cannot guarantee that our participant will not become infected with COVID-19.
 - b. Our participant's participation includes possible exposure to and serious illness from COVID-19. While specific rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
 - c. I/We agree to have our participant follow the posted guidelines and protocols required for athletes, which may include but is not limited to the following related to COVID-19; social distancing, sanitization and cleanliness, and health monitoring.
 - d. I/We agree to have our participant's temperature taken before every practice and/or event and to answer questions about our participant's health status. I/We understand that if our participant has a temperature of 100.4°F or above or if our participant's health status changes, our participant will be required to leave the property/facility immediately.
 - e. I/We agree to comply with the stated and customary terms and conditions for our participant's participation as regards protection against COVID-19. If, however our participant's status changes as to any of the symptoms questioned before practice or any other symptoms of COVID-19, or I/We/our participant contract COVID-19, that I/We will notify the coach and/or the office staff **within 24 hours** via phone, email, and/or text.
 - f. If our participant contracts COVID-19 or comes in direct contact with someone who has COVID-19, I/We will have our participant, and all direct contacts, quarantine for a period of no less than 14 calendar days. I/We acknowledge that it is within the Gym Bin's discretion as to when or if our participant will be allowed to return to practice and/or events.
- 4) That I/We agree that this consent and assumption of risk statement covers each and every event or activity sponsored by Mary Allen doing business at the Gym Bin and the others referred to in the paragraph cited above.

I/We have read the above waiver and sign it voluntarily

Signature of Parent or Guardian

Relationship to Participant

Date

Printed Name of Parent or Guardian

Printed Name of Participant

Address of Participant

_____ Along with signing this waiver, I/We will allow our participant to be physically spotted even though that does not allow for social distancing. (please initial)