**Fun 2B Fit & Legacy Elite Gymnastics**

**Waiver And Assumption of Risk**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Parent/Guardian) of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Student) hereby fully waive and release Fun 2B Fit LLC and Legacy Gymnastics and their staff from any and all claims for personal injury, property damage, including covid-19 related illness or infection, death that may result from my participation in the following physical activities: DANCE and/or GYMNASTICS, CAMP ACTIVITIES. CONCERNING THE COVID-19 VIRUS.

I hereby voluntarily, AT MY OWN RISK, signs this Waiver and Assumption of Risk in sole consideration of being permitted to use the Company’s facilities or property.

I herby acknowledge and understand that there dangers and risks associated with the activities described above, which have been fully explained to me. I hereby agree to abide by all rules, instructions, policies and procedures imposed by the Release relating to the use of the facilities or property.

By signing this Waiver and Assumption of Risk, I fully assume the dangers and risks, and agree to use my best judgement while engaging in those activities. I further agree to indemnify and hold harmless the Release, its employees, agents, officers, from and against any and all liability incurred as a result of or in any manner related to my participation in the activity.

I hereby acknowledge that even with the precautions taken by the Releasee to clean and sanitize the space and to encourage others to maintain safe distance, the risk of illness or infection related to Covid 19 is unpredictable in general and I fully assume the risks and dangers of Covid 19.

I herby certify that I am of legal age and competent to execute this Waiver and Assumption of Risk, that in doing so of my own free will and accord, voluntarily and without duress, and that I do so intending to bind myself, my executor, my heirs, and administrators or assigns to the fullest extent.

I have read and understood the foregoing, and acknowledge my consent to the terms of this Waiver & Assumption of Risk by signing this Waiver.

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F2BF Management Name Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F2BF Management Name Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_