



Class Day & Time _____

1st free trial class _____

2nd free trial class _____

START DATE _____

DROP DATE _____

Waiver and Release of Liability

538 S. 5th Ave Suite C Oakdale, Ca 95361

Student Information:

Student's Name: _____ D.O.B: _____ Age: _____ Male or Female

Student's Name: _____ D.O.B: _____ Age: _____ Male or Female

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My child _____ has the following medical history and/ or medical regimen that WEN Gymnastics needs to be made aware of:

Parent/ Guardian Information:

Name of Parent/Guardian: _____ Relationship: _____

Cell# _____ email: _____

Name of Parent/Guardian: _____ Relationship: _____

Cell# _____ email: _____

PAYMENT, POLICIES AND PROCEDURES

Child's Safety

- I understand that I am responsible for my child's behavior and safety while attending WEN Gymnastics including, but not limited to, parking lots, bathroom, lobby area etc.
- I understand the only people allowed in the gym area are enrolled students during designated class times and with their instructors ONLY!
- I understand at no time are parents or siblings allowed in the main gym.

Tuition

- I agree to pay tuition pursuant to the tuition schedule distributed by WEN Gymnastics.
- I understand and agree that WEN Gymnastics may alter or increase its tuition from time to time, at its sole discretion.
- I understand tuition is due by my child's first class of the month and is late if paid after the 10th.
- I understand there is a \$25 charge for ALL late payments and returned checks.
- I understand my child may not be able to attend classes if our bill is past due!
- I understand that if I decide to drop my child from classes, I need to submit a two week notice prior to the month I am dropping via a written note, email, text message or phone call.
- I understand that once enrolled, my child automatically continues enrollment, unless I change classes or give a proper notification of withdrawal to WEN Gymnastics.
- I accept responsibility for ALL tuition accrued up to the date of notification, regardless of attendance.
- NO credit or refund is ever given for missed classes.
- I understand that monthly tuition is NOT refundable or prorated.
- I understand that I am able to freeze my child's membership for only 3 months in one year with WEN Gymnastics' consent.

Missed Classes

- Our mission is to provide an exceptional service to our customers during the designated class time and class day.
- I understand that if my child is absent from class, he/she is allowed to make up their class the same month that they missed. If they are absent the last week of the month, then they can make up their class the first week of the next month.

Annual Fee

- I am aware there is NO yearly membership fee. When we first sign up, we are required to pay our first month of tuition and a one-month deposit (*like paying one month ahead*).
- I understand that our membership deposit is nonrefundable and can ONLY be used for our last month of classes!

Photographic Release

- Digital photographs and videos are taken of many WEN Gymnastics students.
- I hereby give WEN Gymnastics permission to use such photographs and/or videos for public displays, training material and/or media releases. I understand these photographs and/or video images will be for news, training and/or non-commercial purposes only.

Parent/Guardian Signature: _____ Date: _____

**RELEASE OF LIABILITY AND ASSUMPTION
OF THE RISK OF BODILY INJURY AND DEATH**

1. Voluntary Participation

As the parent or legal guardian of _____, I acknowledge that I have voluntarily registered my child to participate in gymnastics, trampoline, cheerleading, and/or related activities at the premises of WEN Gymnastics located at 538 S. 5th Ave Suite C Oakdale, Ca 95361.

2. Assumption of Risk

I AM AWARE THAT GYMNASTICS, TRAMPOLINE, CHEERLEADING, TUMBLING, AND RELATED ACTIVITIES ARE HAZARDOUS ACTIVITIES AND CARRY RISKS THAT INCLUDE (BUT ARE NOT LIMITED TOO) MUSCLE STRAINS AND TEARS, BROKEN BONES, AND SEVERE INJURIES SUCH AS PERMANENT PARALYSIS OR EVEN DEATH. I AM VOLUNTARILY APPLYING FOR MY CHILD TO PARTICIPATE IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED. ON BEHALF OF MY CHILD, I HEREBY AGREE TO AND ACCEPT ANY AND ALL RISKS OF MY CHILD'S INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____

3. Release

As consideration for WEN Gymnastics agreement to allow my child to participate in these activities and use related facilities, I hereby agree on behalf of my child that my child and my child's assigners, heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach the property of WEN Gymnastics on account of injury or damage resulting from negligence or other acts, howsoever caused, by any employee, agent, instructor, coach, member, manager, or contractor of WEN Gymnastics as a result of my child's participation in gymnastics, trampoline, cheerleading, tumbling, and related activities. I hereby release WEN Gymnastics and its employees, agents, instructors, coaches, members, managers, or contractors, from all actions, claims, or demands that my child and my child's assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my child's participation in gymnastics, trampoline, cheerleading, tumbling, and related activities.

4. Knowing and Voluntary Execution

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME, ON BEHALF OF MY CHILD, AND SIGN IT OF MY OWN FREE WILL

Parent/Guardian Signature: _____
Printed Name: _____ Date: _____

Emergency Contact Information & Medical Release Form

Parent First & Last Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Parent First & Last Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Additional Emergency Contacts:

Name: _____ Relationship: _____ Cell#: _____

Additional Emergency Contacts:

Name: _____ Relationship: _____ Cell#: _____

Family Physician: _____ Phone#: _____

Is your child covered by medical insurance? _____ Yes _____ No

If Yes – Insurance Carrier: _____ Policy#: _____

I hereby give permission for certified and licensed medical personnel to use appropriate procedures to aid my daughter/son, _____ and prevent further injury and/or death. If possible, I wish to be contacted before any procedures are initiated, however, if the injuries are catastrophic and life threatening, I give permission to the emergency care physicians and support personnel to do what they deem necessary in the best interest of my child.

Parent or Legal Guardian Signature

Date



COVID Liability Waiver for WEN Gymnastics Oakdale, CA

WEN Gymnastics DBA Wendy Wylie is doing everything we can to protect you, the public, as well as our staff. To this extent, we will be following the Center for Disease Control (CDC) and local health department guidelines with regards to social distancing practices in order to reduce the spread of Novel Coronavirus COVID-19.

Requirements for all members:

- Members must have a WEN Gymnastics membership to be permitted into the facility.
- Members must maintain at least six feet between all other members and staff at all times.

This will be difficult to do at ALL times with what we are trying to accomplish, so we will do the best we can to allow your child their own personal space.

- Members must utilize hand sanitizer before, during and after class.
- All staff will be helping wipe down equipment with sanitizer spray after use.
- Members must wash hands for 20 seconds after using the restroom, sneezing, or coughing.
- Members must follow the capacity and scheduling requirements until further notice.
- Members need to check their temperatures before coming to class. If your temperature is above 99.9 degrees, you cannot come to class.
- No guest privileges at this time.
- No make-ups at this time.
- Face masks are allowed but are not mandatory.

**I understand that in the event I contract COVID-19, I release and hold harmless WEN Gymnastics DBA Wendy Wylie and ALL its owners, managers, and staff.*

**I acknowledge that by signing below, I agree to comply with the requirements above. Failure to comply with these requirements may result in membership termination.*

**I acknowledge that I have thoroughly read this consent and release and fully understand that it is a release of liability. By signing this document, I am waiving any right I, or my successors, may have to bring legal action or assert a claim against WEN Gymnastics DBA Wendy Wylie.*

Printed Name of Parent: _____ Child's Name: _____

Signature of Parent: _____ Date: _____

