



## Open Gymnastics Waiver And Protocol

1. Waiver is required for participation in an age appropriate open gymnastics.
2. Parent or Legal Guardian must sign waiver for all family members planning to participate in any of the open gymnastics times we offer.
3. ONLY participants that have paid and filled out waiver are allowed on the floor.
4. Participants will be informed of all rules at the beginning of open gymnastics, which must be attended in order to participate – or if late, must go over rules with instructor before participating.
  - a. **ONE person on trampoline at a time**
  - b. **All gymnastics into pit must land FEET FIRST ONLY and by power of the individual**
  - c. **NO running (unless it is in a designated area)**
  - d. **ONLY skills you already have prior to Open Gymnastics should be performed unless you have the approval from an instructor, or a spot from an instructor**
  - e. **Our instructors are here to make sure everyone knows the rules and to try to keep everyone safe (Family open gymnastics requires parent/guardian supervision on the floor)**
  - f. **Most importantly, have fun and respectful of everyone around you.**
5. Instructors hold the right to suspend any behavior or skills, which deem to be dangerous or inappropriate to the participant or other participants in the gym and has the right to dismiss a participant from the activity.

By signing below, I understand and will **abide by the open gymnastics protocol**, this waiver will be good for one year, starting with the date it is signed. I understand by signing this form Evergreen Park & Recreation District is not liable for any injury incurred by the participant, myself, or both, while participating in this program. Any participant under 18 years of age must have a parent or legal guardian's signature.

Parent or Legal Guardian Participating (printed) \_\_\_\_\_

(If 2<sup>nd</sup>) Parent or Legal Guardian Participating (printed) \_\_\_\_\_

Parent or Legal Guardian Participating(signature) \_\_\_\_\_

Parent or Legal Guardian Participating(signature) \_\_\_\_\_

Child(ren)'s Name(s) & Date of Birth (printed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child(ren)'s initials that he/she will abide by  
protocol rules:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact number \_\_\_\_\_

*Wulf Recreation Center 5300 Olive Road Evergreen CO 80439 (720) 880-1200*