Acknowledgment of Covid-19 Risk/Waiver of Liability

1 st Participant's Name:	Age:	
2 nd Participant's Name:	Age:	
Parent's Name (if participant(s) are under 18years):		
*Please read, sign and bring waiver to the front desk. Childre	n without waiver signed will not be able to participate.	
*My/Our child/children has/have no physical or health condition known and undue risk of transmitting any virus and/or disease my/our child/children to have their temperature(s)taken before Naydenov Gymnastics; and to work on all of the necessary experimentation regarding participants' temperatures and reserves information in accordance with its policies. I/We understand the diagnosis of COVID-19(or other transmittable virus/disease), the extent possible; I/we waive all privacy-related claims base conduct of this activity and transportation to and from this activity.	e to other participants in these activities. I/We hereby give e participation in activities at Naydenov Gymnastics; partic quipment. I/We understand that Naydenov Gymnastics will see the right to exclude individuals from participation in actividual Naydenov Gymnastics may inform other participants of the extent they may have been exposed, but will maintaged on such disclosure(s). I/We assume all risks and hazard	permission for sipate in activities a Il keep confidential ities based on this of any confirmed ain confidentiality to
Signature (Parent/Guardian if under 18yrs)	Date	
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*Please read_sign and bring waiver to the front desk_Childre	n without waiver signed will not be able to participate	

Please read, sign and bring waiver to the front desk. Children without waiver signed will not be able to participate.

*My/Our child/children has/have no physical or health conditions that would limit his or her participation in athletic activities or present a known and undue risk of transmitting any virus and/or disease to other participants in these activities. I/We hereby give permission for my/our child/children to have their temperature(s)taken before participation in activities at Naydenov Gymnastics; participate in activities at Naydenov Gymnastics; and to work on all of the necessary equipment. I/We understand that Naydenov Gymnastics will keep confidential information regarding participants' temperatures and reserves the right to exclude individuals from participation in activities based on this information in accordance with its policies. I/We understand that Naydenov Gymnastics may inform other participants of any confirmed diagnosis of COVID-19(or other transmittable virus/disease), to the extent they may have been exposed, but will maintain confidentiality to the extent possible; I/we waive all privacy-related claims based on such disclosure(s). I/We assume all risks and hazards incidental to the conduct of this activity and transportation to and from this activity.

Signature (Parent/Guardian if under 18yrs) _______Date_____