



BOULDER PARKS AND RECREATION DEPARTMENT

PRESCHOOL DROP IN GYMNASTICS

ACKNOWLEDGEMENT OF RISK AND RELEASE

Please read this form carefully and be aware in registering yourself or your child or ward for participation in this program you will be acknowledging the risk and releasing all claims which you may have on behalf of your child, ward, or yourself as a result of participating in this program.

Gymnastics is an activity in which, despite preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of injuries such as the following. This list is by no means complete or exclusive, but includes:

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|---|----------------------------------|
| 1. Heart attack, stroke, circulatory problems | 5. Foot problems |
| 2. Bone and joint injuries | 6. Head neck and spinal injuries |
| 3. Back injury | 7. Heat stroke or exhaustion |
| 4. Muscle strain and other muscle injuries | |

As a parent /guardian of a participant in this program I acknowledge there are certain risks of injury, and I agree to assume those risks which I or my minor child/ward may sustain as a result of participating in any and all activities connected or associated with such a program.

I release all claims which may arise against, and agree not to sue, the City of Boulder and its officers, agents, employees, and authorized volunteers, on my behalf or on behalf of my minor child/ward as a result of participating in this program.

I further agree to indemnify, hold harmless, and defend the City of Boulder and its officers, agents, employees, and authorized volunteers from any and all claims by other parties resulting from injuries, damages, and losses caused by me or my minor child arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize City officials to secure from any licensed hospital, physician, and or medical personnel any treatment deemed necessary for myself or my minor child's immediate care, and I agree I will be responsible for payment of any and all services rendered.

I have read and fully understand the above. I understand this agreement shall not be modified orally.

Parent/ Legal Guardian Name (print) _____ Email address _____

Minor Child's Name _____ Birth Date _____ Age _____ M _____ F _____

Emergency Contact Name and Phone _____

Parent/ Legal Guardian Signature _____

PRESCHOOL DROP IN GYMNASTICS RULES

- Drop in gymnastics is open to children ages 2 – 5. No babies, even in carriers.
- All participants must have a waiver signed by a parent or legal guardian.
- There must be one adult for each child. (A parent may bring two children who are siblings).
- Do not bring valuables or leave them in the cubby area.
- Activities may be restricted at the discretion of the gymnastics staff.
- No horseplay or unsafe behavior will be tolerated.
- The high trampoline and high balance beams may not be used.
- Children may not hang on a bar higher than their reach.
- Help children take turns on the equipment.
- No talking or texting on a cell phone in the gym.
- YOU MUST STAY WITHIN ARMS REACH OF YOUR CHILD(REN) AT ALL TIMES.

I agree to follow the above rules of Preschool Drop In Gymnastics

Parent/ Guardian Signature _____