

Today's Date: _____

2026 – 2027 G2 LIABILITY WAIVER
(Must be completed by a legal parent or guardian)

Participant's Last Name _____ Participant's First Name _____

Street Address _____

City, State, Zip _____

Cell Phone # _____ Birth date _____ Age _____ Gender: M F

Is the participant covered by medical insurance: YES NO Email _____

BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

I / WE ARE AWARE THAT IN ADDITION TO THE USUAL DANGERS AND RISKS INHERENT IN THE SPORT OF GYMNASTICS, CHEERLEADING, NINJA, SKILLS CLINICS, FITNESS, AND SPECIALIZED PROGRAMMING INCLUDING, BUT NOT LIMITED TO, THE DANGER AND RISK OF FALLING, JUMPING, LANDING, PERFORMING SKILLED ELEMENTS, AND COLLIDING WITH OTHER STAFF, STUDENTS, AND SPECTATORS. BY SIGNING THIS WAIVER, I / WE FREELY ACCEPT AND FULLY ASSUME RESPONSIBILITY FOR ALL SUCH DANGERS AND RISK AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE, OR LOSS RESULTING THEREFORE.

IN CONSIDERATION OF UTILIZING "G2 GYMNASTICS & FITNESS, LLC" AND FOR THE GOOD AND VALUABLE CONSIDERATION, I / WE HEREBY AGREE AS FOLLOWS:

TO WAIVE ANY AND ALL CLAIMS FOR PERSONAL INJURY INCLUDING DEATH, ILLNESS (INCLUDING POSSIBLE EXPOSURE AND ILLNESS TO COMMUNICABLE DISEASES SUCH AS, BUT NOT LIMITED TO MRSA, INFLUENZA, AND COVID-19), AND/OR PROPERTY DAMAGE THAT I / WE MAY HAVE AGAINST "G2 GYMNASTICS & FITNESS, LLC", THEIR SHAREHOLDERS, PARTNERS, PRINCIPALS, DIRECTORS, OFFICERS, AFFILIATES, AGENTS, EMPLOYEES, CONTRACTORS, LANDLORD, REPRESENTATIVES, AND ANY VOLUNTEERS IN ANY WAY ASSOCIATED WITH "G2 GYMNASTICS & FITNESS, LLC", ALL OF WHOM ARE HEREIN AFTER COLLECTIVELY REFERRED TO AS "THE RELEASEES."

TO RELEASE THE RELEASEE'S FROM ANY AND ALL LIABILITY FOR ANY LOSS, DAMAGE, INJURY, ILLNESS (INCLUDING BUT NOT LIMITED TO MRSA, INFLUENZA, AND COVID-19), DEATH, MEDICAL, OR OTHER EXPENSE THAT I / WE MAY SUFFER OR THAT ANY OTHER PARTY MAY SUFFER AS A RESULT OF MY USE OF "G2 GYMNASTICS & FITNESS, LLC" FACILITIES, GYMNASTIC EQUIPMENT, TRAINING EQUIPMENT/AIDES, AND TRAMPOLINE, DUE TO ANY CAUSE WHATSOEVER.

TO HOLD HARMLESS AND INDEMNIFY THE RELEASEE'S FROM ANY AND ALL LIABILITY FOR ANY PROPERTY DAMAGE OR PERSONAL INJURY TO ANY THIRD PARTY, RESULTING FROM MY USE OF "G2 GYMNASTICS & FITNESS, LLC" FACILITIES, OR BY MY PARTICIPATION IN THE SPORTS OF GYMNASTICS, CHEERLEADING, AND OTHER "G2 GYMNASTICS & FITNESS, LLC" CAMP ACTIVITIES.

THIS RELEASE OF LIABILITY SHALL BE EFFECTIVE AND BINDING UPON MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, SUCCESSORS, AND ASSIGNEES IN THE EVENT OF MY PERSONAL INJURY INCLUDING DEATH, ILLNESS (INCLUDING BUT NOT LIMITED TO MRSA, INFLUENZA, COVID-19), AND/OR PROPERTY DAMAGE.

I / WE ADDITIONALLY AGREE NOT TO TAKE UNREASONABLE RISKS WHILE PARTICIPATING IN GYMNASTICS, NINJA, SKILLS CLINICS, FITNESS, BIRTHDAY PARTIES, OR ANY SPECIALIZED PROGRAMMING OFFERED AT G2 GYMNASTICS AND FITNESS, LLC INCLUDING BUT NOT LIMITED TO: ATTEMPTING SKILLED TECHNIQUES, DRILLS, OR ELEMENTS THAT I AM NOT QUALIFIED TO PERFORM SAFELY OR PARTICIPATING IN HORSEPLAY CAUSING ANY OTHER PARTICIPANTS/SPECTATORS UNREASONABLE RISK OR HARM. I AGREE NOT TO ATTEND ANY PRACTICES, COMPETITIONS, OR PROGRAMMING AT G2 GYMNASTICS, LLC IF FEELING UNWELL, CURRENTLY INFECTED WITH OR RECENTLY EXPOSED TO A COMMUNICABLE DISEASE SUCH AS BUT NOT LIMITED TO MRSA, INFLUENZA, OR COVID-19.

I / WE ADDITIONALLY AGREE THAT I / WE SHALL FOLLOW CORRECT SAFETY PROCEDURES WHEN USING THE "G2 GYMNASTICS & FITNESS, LLC" FACILITIES. I / WE ALSO EXPRESSLY GRANT TO "G2 GYMNASTICS & FITNESS, LLC", AND ANY THIRD PARTIES AUTHORIZED BY THE CAMP, THE RIGHT TO FILM, VIDEOTAPE, PHOTOGRAPH, RECORD MY VOICE AND/OR MAKE ANY REPRODUCTIONS OF MY PHYSICAL LIKENESS AND VOICE. I / WE WILL NOT DEFAME THE "G2 GYMNASTICS & FITNESS, LLC" NAME AND/OR STAFF AND UNDERSTAND THAT I / WE WILL BE LEGALLY RESPONSIBLE TO THE RELEASEE'S FOR SUCH DEFAMATION.

I / WE HEREBY CERTIFY THAT I / **WE ARE COVERED BY OUR OWN MEDICAL INSURANCE** AND THAT I / WE HAVE READ AND UNDERSTOOD THIS RELEASE OF LIABILITY PRIOR TO SIGNING, AND I / WE ARE AWARE THAT BY SIGNING THIS RELEASE OF LIABILITY THAT I / WE ARE WAIVING CERTAIN LEGAL RIGHTS, WHICH I / WE OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, SUCCESSORS, AND ASSIGNEES MAY HAVE AGAINST THE RELEASEE'S. "G2 GYMNASTICS & FITNESS, LLC" SHALL HAVE THE RIGHT TO IMPOSE ANY ADDITIONAL CONDITIONS, WHICH IN THE OPINION OF THE RELEASEE'S WILL FURTHER THE INTENT AND LEGAL RIGHTS AND WAIVERS PROVIDED HEREIN.

Today's Date:_____

Participant's Name _____

I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MYSELF/MY CHILD(REN) INCLUDING BUT NOT LIMITED TO PERSONAL INJURY DISABILITY, DEATH, ILLNESS, POSSIBLE EXPOSURE TO COMMUNICABLE DISEASE (INCLUDING BUT NOT LIMITED TO MRSA, INFLUENZA, COVID-19), DAMAGE LOSS, CLAIM, LIABILITY, OR EXPENSE OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILD(REN)'S ATTENDANCE AT THE CLUB OR PARTICIPATION IN CLUB PROGRAMMING. ON MY BEHALF, AND ON BEHALF OF MY CHILD(REN), I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS G2 GYMNASTICS AND FITNESS, LLC, IT'S EMPLOYEES, AGENTS, AND REPRESENTATIVES, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS, OR EXPENSES OF ANY KIND ARIISING OUT OF, OR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE CLUB, IT'S EMPLOYEE, AGENTS, AND REPRESENTATIVES, WHETHER A COVID-19 INFECTION OCCURS BEFORE, DURING OR AFTER PARTICIPATION IN ANY CLUB PROGRAM RELATED TO G2 GYMNASTICS, LLC AND IT'S HOME BASE AND TRAVELING PROGRAMS.

THIS LIABILITY WAIVER WAS MADE AND EXECUTED IN THE STATE OF PENNSYLVANIA AND SHALL BE GOVERNED BY, ENFORCED IN AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF PENNSYLVANIA. I / WE ACKNOWLEDGE THAT IN EXECUTING THIS WAIVER, I / WE ARE NOT RELYING ON ANY INDUCEMENTS, PROMISES, OR REPRESENTATIONS MADE BY THE RELEASEE'S. **ALL FEES ARE NON-REFUNDABLE.** I UNDERSTAND THE PARTICIPANT WILL BE REMOVED FROM ALL ROSTERS IF PAYMENT IS NOT RECEIVED IN A TIMELY FASHION.

**FORGING A PARENT/GUARDIAN'S SIGNATURE IS PUNISHABLE UNDER
PENNSYLVANIA STATE LAW.**

_____	_____	_____
SIGNATURE OF (please circle): SELF or LEGAL PARENT/GUARDIAN	PRINT NAME	DATE

***I HAVE READ, AND AGREE TO THE TERMS OF G2 GYMNASTICS & FITNESS CLASS INFORMATION & POLICIES FORM.** I AGREE TO ADHERE TO THE CODE OF CONDUCT AND UNDERSTAND THAT MY CHILD WILL ALSO BE REQUIRED TO FOLLOW THE GUIDELINES SET IN PLACE BY G2 GYMNASTICS & FITNESS, LLC. I REQUEST THAT MY CHILD BE REGISTERED INTO THE G2 GYMNASTICS & FITNESS, LLC PROGRAM AND I AM RESPONSIBLE FOR ALL FEES ASSOCIATED WITH THE PROGRAM. I UNDERSTAND THAT MY CHILD'S ACCOUNT MUST REMAIN IN GOOD STANDING FOR PARTICIPATION.

_____	_____	_____
SIGNATURE OF (please circle): SELF or LEGAL PARENT/GUARDIAN	PRINT NAME	DATE