



Parent Name _____

Athlete Name _____

Address _____

City _____ State _____ Zip _____ Date of Birth _____

Phone # _____ Email _____

Known Injuries or Illness? _____

Waiver / Release

I, the undersigned patron of THE GEM SPORTS CLUB, hereby state and represent as follows:

I do not have, have not traveled to known locations to have, nor have been in contact with anyone known to have the COVID-19 virus. I understand the risks associated with my participation in THE GEM SPORTS CLUB programs. I have no known medical problems that would preclude me from participation in THE GEM SPORTS CLUB training programs, and the information I have provided THE GEM SPORTS CLUB, regarding my medical history and physical condition is true and correct to the best of my knowledge.

To the event of physical injury or illness resulting from my participation in the THE GEM SPORTS CLUB training program, that no medical treatment or monetary compensation will be provided to me by THE GEM SPORTS CLUB in the result of any injuries or sickness.

I hereby agree to forever waive any and all claims that I may have against THE GEM SPORTS CLUB or its agents or employees as a result of my participation in THE GEM SPORTS CLUB programs and its agents or assigns harmless from any claims resulting from my participation in THE GEM SPORTS CLUB programs. This release shall be binding on my heirs, legal representatives, and assigns.



I have read this Release and the information provided to me by THE GEM SPORTS CLUB and understand that I am signing a complete release and bar to any claim resulting from my participation in THE GEM SPORTS CLUB programs.

Date

Participant Signature

Parent or Guardian signature (if participant is under 18)