



Gym Buddies Event Contract

Requested Date/Time: _____

Contract taken by: _____

Number of students participating: _____

Estimated Cost: _____

Financially Responsible Name: _____

Deposit total: _____ Date Paid: _____ Balance remaining: _____

Financially Responsible Phone: _____

Recurring Event (y/n): _____ If yes, frequency: _____

Email: _____

Coach(es): _____

As the financially responsible party for this private class, I understand that a 50% non-refundable deposit is required to hold my class's scheduled day and time and that I am responsible for the remaining balance at the time of the field trip. I understand that my class will begin at the scheduled time and that there will not be an extension for late arrivals. Gym Buddies classes are structured and require an authorized SAGA Instructor. As such, I understand that students attending my scheduled class are not permitted in the gym without an authorized SAGA Instructor.

Financially Responsible Party Signature: _____

Date: _____

Who are your Gym Buddies?

Student Name	DOB	Parent Name	Parent #

Reminders:

- A parent/guardian must sign a guest release form for their child on or before the date of the event. The guest release form is on the back of this contract. **Students without a release form will not be able to participate.**
- Dress code: athletic wear, no jeans or clothing with buttons, zippers, or belt loops. Long hair should be pulled back in a pony tail, braid, or bun.
- Water bottles are recommended for everyone entering the gym. Gym water fountains are temporarily closed
- **Face masks are required for everyone ages 3 and older.** Those without a face mask will not be able to participate, in accordance with current state mandates.



Permission to Participate & Waivers

I understand, am fully aware of, and recognize the inherent risks, including the possibility of catastrophic injury, as well as other damages and losses associated with participation in the sport of gymnastics and assume the risks on behalf of my child and myself. I further agree that Sandia Acrobatic Gymnastics Academy, along with the employees, officers and directors of this organization shall not be liable for any losses or damages occurring as a result of participation in its gymnastics program. I hereby give permission for any and all medical attention to be administered to myself or my child in the event of accident, injury, sickness, etc. until such time as I may be contacted or can give consent. I also assume the responsibility for the payment of any such treatment. I also understand and acknowledge that under the current State Mandates everyone ages 3 and older is required to wear a face mask upon entering the gym, including while exercising.

In addition, I understand and certify that:

In the last 24 hours, no one in my household has experienced:

- Fever
- Fatigue
- Cough
- Sneezing
- Aches & pains
- Runny or stuffy nose
- Sore throat
- Diarrhea
- Headaches
- Shortness of breath

In the last 14 days:

- I have **not** been in close contact with anyone exhibiting any of the mentioned symptoms
- I have **not** been in contact with anyone who has tested positive for Covid-19

By signing in, I hereby certify that the above statements are true.

I affirm that I have followed all NM mandates and social distancing practices to minimize possible exposure to Covid-19.

I also understand that SAGA Gymnastics is not liable for any exposure to, medical fees as a result of, or any issues related to Covid-19.

Child's Name	Age	Phone Number	Date	Parent/Guardian Signature

Additionally, I understand that if I have NOT followed NM mandates or have not followed Covid-19 safe practices, I may be asked to self-quarantine.