



509-533-9646

[www.spokanegymnastics.com](http://www.spokanegymnastics.com)

5615 E. Broadway Avenue Spokane, Washington 99212

Spokane Gymnastics, Inc. has the policy that all participants have medical insurance and to provide proof of that insurance when registering. Spokane Gymnastics, Inc. carries insurance, which (in the event of an incident), pays the portion which primary insurance doesn't cover, up to a set limit.

Our insurance company, "Snyder Insurance Services, Inc." has recently added an exclusion on their policies, specifically for Parkour and Free Running classes.

Following is their explanation:

"Our initial program was designed and created for gymnastics which is more of a structured activity, Parkour and Free Running are relatively new and more extreme activities. This decision is due to claim history being excessive and frequent on this type of class. Many of the Parkour and Free Running participants are not trained to use the equipment at same skill level as gymnasts, therefore, many injuries can occur due to inexperience."

After careful deliberation, we have decided to continue to offer Parkour classes at Spokane Gymnastics, provided that participants (or their legal parent or guardian) are specifically made aware of the risks, assume their own liability for those potential risks and complete the following special waiver form, which limits the financial liability that Spokane Gymnastics, Inc. assumes. **Please read the following carefully and consult legal counsel before agreeing.**

In consideration of being allowed to enter the gymnastics area and/or participate in any activity at Spokane Gymnastics, the undersigned, on his or her behalf, and on the behalf of the participant(s) identified below, acknowledges and agrees to the following conditions.

I acknowledge that I am the parent or legal guardian of the child(ren) identified below and voluntarily authorize my child to participate in gymnastics and parkour activities at Spokane Gymnastics. I understand that there are inherent dangers associated with gymnastics and parkour and recognize that any physical activity involves risks of serious injury or death, including but not limited to temporary or permanent muscular and skeletal injury and paralysis. Knowing these risks, I and my child(ren) assume all risks, whether foreseen or unforeseen, in connection with my child participation in this activity.

WE AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, WAIVE, AND RELEASE THE SPOKANE GYMNASTICS, TOGETHER WITH ITS OFFICERS, TRUSTEES, EMPLOYEES, AGENTS AND MEMBERS, AGAINST ANY AND ALL LIABILITY, CLAIMS AND CAUSES OF ACTION ARISING OUT OF, OR IN ANY WAY CONNECTED WITH MY CHILD'S PARTICIPATION IN THIS ACTIVITY. I UNDERSTAND THAT SPOKANE GYMNASTICS WILL NOT PAY MEDICAL EXPENSES BEYOND 10% OF ANY POTENTIAL INJURY RESULTING FROM PARTICIPATION AT SPOKANE GYMNASTICS, UP TO A TOTAL AMOUNT OF \$3,000.00.

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Parent Name (Please Print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_