

10. I agree to keep my gymnast home if he/she or anyone in the family is coughing, has a temperature of 100, or other Covid 19 symptoms. Or if anyone in the family has been exposed to someone with Covid 19.

11. I understand and agree that these procedures will change and evolve over time and that I will follow any new standards required by the local Board of Health, The Commonwealth of Massachusetts and/or Tumble Time Gymnastics.

I understand that the coaches and everyone at the gym will make a strong effort to maintain social distancing but there will be times when incidental contact and less than prescribed physical distancing will occur. I am aware and agree that spotting is an essential part of training my gymnast in order to keep Him/Her safe and to prevent injury. I will allow my child to be spotted when spotting is necessary. I further understand that I am voluntarily allowing my child to participate in programs and activities offered by Tumble Time Gymnastics, knowing that it is impossible to keep Him/Her safe from exposure to infectious disease. My signature is my understanding of and acceptance of the risks.

_____ **Date** _____
Signature of Parent

Name of Gymnast