

I, \_\_\_\_\_, acknowledge that myself, our family members and our minors who participate in activities at Lakes Region Gymnastics Academy will self screen before coming to Lakes Region Gymnastics Academy for any class, event or activity. We will not participate if our minor child or a family member exhibits and or the following symptoms: cough, sore throat, shortness of breath, loss of taste or smell, chills, shaking with chills, muscle pain, fever, headache or known contact with a person who is lab-confirmed to have COVID-19.

I further acknowledge, understand appreciate and agree that my and/of my child's participation may result in possible exposure to an illness from infectious diseases, including, but not limited to, influenza and COVID-19. While particular rules and personal discipline may reduce this risk, risk of serious illness does exist. I knowingly and freely assume such risks, both known and unknown.

I, the below named minor's parent and/or legal guardian, understand and acknowledge this information.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_