

CONSENT FORM FOR HAWAIIAN ISLAND TWISTERS (HITS) updated 7.19.22

In an effort to continue to keep our athletes, coaches, and families safe, we have updated our Covid-19 policies and procedures to be in line with state and CDC guidelines. Your continued participation and cooperation of these procedures is appreciated.

I understand and agree that:

- I will bring my athlete on time and pick my athlete up on time.
- I will have my athlete exit swiftly after class and will not show up early.
- Athletes, siblings, and families are not to congregate or loiter in the common area before, during, or after practices.
- My athlete should only be in the gym if in class.
- I agree to keep my athlete home if he/she is not feeling well.
- No food will be allowed in the gym. Only water bottles with water are allowed.
- All athletes are required to bring their own water bottles.
- I will refrain from gathering in groups while in the common area and entryways.
- I will not allow any of my children to loiter or "hang out" in the common area before, during, or after class.
- My gymnast will use the toilet and wash their hands thoroughly before leaving home to avoid the need to use the gym bathroom.
- My athlete will arrive dressed in the appropriate attire (including hair being tied up) ready for practice.
- I understand that general notices regarding positive cases will no longer be sent out.
- I understand that I am required to notify HITS if my child should test positive or be identified as a close contact.
- I understand that I will be notified directly if my athlete has been identified as a close contact at HITS.
- These procedures will change and evolve over time. I will follow any new standards recommended by the state and federal agencies and implemented by HITS.

By signing below, I am choosing to continue my training at Hawaiian Island Twisters. I hereby enter into this waiver for myself, my heirs, executors, assigns, and personal representatives. I do so knowingly and voluntarily. I hereby waive any and all rights, claims, or causes of action arising from any contraction or infection of the COVID-19 virus as a result of my continued training at HITS along with its Board of Directors, staff, members, agents, and representatives. I understand there are risks and I assume all known dangers and risks associated with my continued training at HITS.

Print: Athlete's Name

Print: Parent/Guardian's Name

Signature: Parent/Guardian's Name

Date