



# THE VICTORS GYMNASTICS, INC.

675 Ling Road, Greece, NY 14612 • 585.663.4810

## FIELD TRIP PROGRAM AGREEMENT

The following agreement constitutes the terms and conditions for The Victors Gymnastics' (hereinafter referred to as Victors) Field Trip Program. The Field Trip Program is offered at Victors to meet the needs of preschools, schools, and club organizations.

**PROGRAM:** A field trip is a 60-minute, instructor-facilitated program. Students will be introduced to gymnastics activities and skills on age-appropriate equipment. Equipment is set-up in a series of various stations. With the guidance of an instructor, students will learn the skills at each station. Then, students will be given the opportunity to have fun practicing the skill at their own pace. Safety guidelines and spotting techniques will be reviewed and enforced where required.

**PARTICIPANTS:** The program is designed for students ages 2 – 12 years old. Schools or clubs are asked to provide one helper for every 8 students to assist the instructor during activities. Students and helpers are asked to wear loose-fitting clothes, free of any sharp objects or jewelry, and come prepared to participate.

**PRICING:**

Up to 10 students:	\$150.00 for the group rate
11 to 20 students:	\$150.00 for the first 10 students, plus \$8.00 for each additional student
21 to 30 students:	\$225.00 for the first 20 students, plus \$6.00 for each additional student
30+ students:	Please inquire

**PAYMENTS:** A \$40.00 NON-REFUNDABLE DEPOSIT IS REQUIRED TO SCHEDULE AND RESERVE A FIELD TRIP DATE. The remaining balance/final count is due one week prior the field trip. Payments can be made by cash, check, or credit card at the gym or by mail. If paying by check, we ask that a single check payable to "THE VICTORS GYMNASTICS" be issued by the school or club organization (no individual or personal checks). A \$20 fee will be charged for returned checks.

**SCHEDULING:** School field trips may be scheduled on Mondays, Wednesdays-Fridays between the hours of 9:30am 1:30pm. We ask that you call the gym at least 4 weeks in advance to reserve an available day and time or request an alternative schedule. ALTERNATIVE DAY AND TIME SCHEDULES MAY BE REQUESTED; HOWEVER, ARE SUBJECT TO THE GYM DIRECTOR'S APPROVAL.

**FIELD TRIP INFO:** Date of Field Trip: \_\_\_\_\_ Scheduled Time: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Number of Students: \_\_\_\_\_ Range of Student's Ages: \_\_\_\_\_

Number of Helpers: \_\_\_\_\_ *(Please provide one helper for every 8 students)*

**ACCEPTANCE:** \_\_\_\_\_  
Representative's Name (Print)

\_\_\_\_\_  
Representative's Title (Print)

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date

# Club Waiver and Release

We, the staff of Victors, recognize our obligation to make those who request to use our facilities aware of the risks and hazards associated with the sport of gymnastics. Although safety is primarily and safety precautions are taken, participants may suffer injuries, minor, serious, or catastrophic in nature. Your organization and its representatives should make students aware of the possibility of injury and encourage their students to follow all safety rules and their advisors' instructions.

Victors, its officers, instructors, and other staff members, will not accept responsibility under any circumstances for injuries sustained by any of your organization representatives, parents, or students during their field trip at Victors. Being fully aware of the risks and possibility of injury involved, I the undersigned consent to have our organization and our students participate in the agreed-to field trip offered by Victors.

I, my executors, or other representatives, waive and release all rights and claims for damages that I, any participant, or advisor may have against Victors and/or its representatives whether paid or volunteer. I understand that it is our organization and its representatives' responsibility to warn students about the dangers of gymnastics and injury. Our organization advisors should warn our students according to what we feel is appropriate.

## Organization Acceptance:

\_\_\_\_\_  
Name of Organization (Print)

\_\_\_\_\_  
Officer's Name (Print)

\_\_\_\_\_  
Officer's Title (Print)

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Date

## Victors:

\_\_\_\_\_  
Officer's Name

\_\_\_\_\_  
Officer's Title

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Date

# Parent or Guardian Consent Form

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Child's Name (Print)

We, the staff of Victors, recognize our obligation to make those who request to use our facilities aware of the risks and hazards associated with the sport of gymnastics. Although safety is primarily and safety precautions are taken, participants may suffer injuries, minor, serious, or catastrophic in nature. Your organization and its representatives should make students aware of the possibility of injury and encourage their students to follow all safety rules and their advisors' instructions.

Victors, its officers, instructors, and other staff members, will not accept responsibility under any circumstances for injuries sustained by any of your organization representatives, parents, or students while on their field trip at Victors. Being fully aware of the risks and possibility of injury involved, I the undersigned consent to have my child participate in the agreed-to field trip offered by Victors.

I, my executors, or other representatives, waive and release all rights and claims for damages that I, my child, or others may have against Victors and/or its representatives whether paid or volunteer. I understand that as a parent or guardian, our organization and its representatives jointly hold the responsibility to warn my child about the dangers of gymnastics and injury. Parents and our organization advisors should warn my child according to what we feel is appropriate.

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Parent or Guardian's Name (Print)

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Signature

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Date

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Parent or Guardian's Name (Print)

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Signature

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Date