

Acknowledgment of Risk and Waiver of Liability

As legal guardian of (PLEASE PRINT) _____, I hereby consent to the aforementioned person participating in the Flip City Gymnastics Gymnastics, & Cheer Center's programs. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including cheer, camp, dance, gymnastics and related activities including tumbling and trampoline.

I understand that it is the express intent of the Flip City Gymnastics, & Cheer Center to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby forever release the Flip City Gymnastics, & Cheer Center, its officers, employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Flip City Gymnastics & Cheer Center.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, Flip City Gymnastics, & Cheer Center.

This acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian's Signature

Date

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Permission to Treat (optional)

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child should sickness or accident occur in my absence.

Parent or Legal Guardian's Signature

Date

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Emergency Numbers

In the event of an emergency and a parent or guardian cannot be reached please call:

Name Phone _____

Doctor's Name _____ Phone _____

Insurance Co. _____ Policy # _____

Any past injuries or special information we should know about _____

I have received & read the Policies & Procedures of Flip City and fully understand its