



Flip City Gymnastics, Inc.
 29 Cook Street, Billerica, MA 01821
 978-667-1604 www.FlipCityGymnastics.com



Release and Waiver of Liability
 Acknowledgement of Risk and Indemnity Agreement

Can be used for classes, birthday parties, events, functions, and any and all additional programs.

PLEASE PRINT CLEARLY

First Name:

Child's First Name: _____ Last Name: _____

Boy Girl D.O.B: ____ / ____ / ____ Current Age: _____

Parent 1: _____ Parent 2: _____

Court Appointed Legal Guardian (If applies): _____

Address: _____ City: _____ Zip: _____

Daytime Phone: (____) _____ Evening phone: (____) _____ Cell: (____) _____

Contact Email: _____

Emergency Information:

Emergency Contact Name: _____ Relationship to Child _____

Emergency Contact Phone: (____) _____ Emergency Contact Cell: (____) _____

 A child is defined as anyone under the age of 18. An adult is defined as anyone 18 years of age and older.

Acknowledgment of Risk and Waiver of Liability

I, (parent's / court appointed guardian's FULL name) _____

the undersigned, hereby give permission for

(child's FULL name) _____ to participate in programs/events at Flip City Gymnastics, Inc. I indemnify Flip City Gymnastics, Inc. and any subsidiaries from any and all injuries. I recognize and accept the risks associated with activities involving height and rotation of the body, such as gymnastics, trampoline, and related activities, and I understand the potential for sever injury including paralysis or death. I recognize and accept the risks associated with activities involving outdoor activities, swimming, and travel, and related activities, and I understand the potential for sever injury including paralysis or death. I understand that it is the express intent of Flip City Gymnastics, Inc. to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities, I hereby and forever release Flip City Gymnastics, Inc., its officers, employees, and instructors from any and all claims, liabilities, losses, costs, damages, and personal injuries which may occur while under the instruction, supervision, or control of Flip City Gymnastics, Inc. I hereby testify as to my child's sound health of mind and body and I authorize Flip City Gymnastics, Inc. and any subsidiaries to seek medical treatment at the nearest or most appropriate medical facility in case of emergency. I authorize Flip City Gymnastics, Inc. and any subsidiaries to give authorization for medical treatment at the time of injury, and at the appropriate medical facility that my child is transported to at the expense of my health insurance or myself. I authorize any medical treatment by any 911 emergency / EMT personnel.

I, the undersigned, have read, understand, and agree to the "Acknowledgment of Risk", "Release and Waiver of Liability", and "Indemnity Agreement".

SIGNATURE of
 Parent / Court Appointed Legal Guardian: _____ Date: ____ / ____ / ____

Child's Last Name:

Parent and child program, events, functions, etc. must complete reverse side.

Adult, Parent, Guardian
Release and Waiver of Liability
Acknowledgement of Risk and Indemnity Agreement

An adult is defined as anyone 18 years of age and older.

PLEASE PRINT CLEARLY ON THE FIRST LINE

I, (parent's / court appointed guardian's FULL name/ adult)

represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe the event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that I am not permitted to use the equipment and fully understand that my sole purpose is to assist and/or supervise my child. In consideration of participation in programs/events at Flip City Gymnastics, Inc., I indemnify Flip City Gymnastics, Inc. and any subsidiaries from any and all injuries. I recognize and accept the risks associated with, uneven flooring, movable equipment, matting, an activities involving height and rotation of the body, such as gymnastics, trampoline, and related activities, and I understand the potential for sever injury including paralysis or death. I recognize and accept the risks associated with activities involving outdoor activities, swimming, and travel, and related activities, and I understand the potential for sever injury including paralysis or death. I understand that it is the express intent of Flip City Gymnastics, Inc. to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities, I hereby and forever release Flip City Gymnastics, Inc., its officers, employees, and instructors from any and all claims, liabilities, losses, costs, damages, and personal injuries which may occur while under the instruction, supervision, or control of Flip City Gymnastics, Inc. I hereby testify as to my child's sound health of mind and body and I authorize Flip City Gymnastics, Inc. and any subsidiaries to seek medical treatment at the nearest or most appropriate medical facility in case of emergency. I authorize Flip City Gymnastics, Inc. and any subsidiaries to give authorization for medical treatment at the time of injury, and at the appropriate medical facility that my child is transported to at the expense of my health insurance or myself. I authorize any medical treatment by any 911 emergency / EMT personnel.

I, the undersigned, have read, understand, and agree to the "Acknowledgment of Risk", "Release and Waiver of Liability", and "Indemnity Agreement".

SIGNATURE of Parent / Court Appointed Legal Guardian / Adult:

_____ Date: ___ / ___ / ___