

Waiver of Liability

- For:** Friday Open Gym Adult Open Gym
 Parent's Night Out Other: _____
 Private w/ _____
 Birthday Party w/ _____
 Cheer Group w/ _____

WAIVER: I hereby acknowledge that I have been instructed by **Flip Force Gymnastics, LLC** that any activity involving height and motion may result in physical injury to my child, and injuries which could result in paralysis or death. In the event of an accident, I hereby waive and release Flip Force and/or its employees from any and all claims of liability while my child is on the premises of the gymnastics facility. I understand that it is the responsibility of the parent/legal guardian to provide medical insurance. I give the employees of Flip Force Gymnastics my permission to obtain medical care for my child in the event of an emergency and where the parents or legal guardians are unavailable or may not be reached. Furthermore, I will be responsible for any medical charges that may be acquired in a medical emergency.

This release/waiver of liability has been thoroughly read and understood by me, and I voluntarily signed as to its intent and content. I have read and understood the rules and policies of Flip Force Gymnastics, LLC.

(Students Name – Please sign legibly)

(Age)

(Parent/Guardian **Print name**)

Contact Number

(Parent/Guardian **Signature**)

(Date)

(Medical/Health Notes)