

Waiver of Liability for Flip n Twist Gymnastics: As legal guardian of _____ (Child's Name) and in consideration of Flip n Twist Gymnastics accepting my child in participation and training in gymnastics, which activity I hereby acknowledge involves a greater than normal risk of injury, I agree to assume all risks, cost, or losses sustained by me, my child, or my family, in connection with participation in gymnastics activities, including but not limited to gymnastics classes, programs, lessons, birthday parties, or meets. I understand that potentially catastrophic injury, paralysis, or even death can result from improper conduct of these activities. In consideration for allowing my child to use the facilities of Flip n Twist Gymnastics, I, on my own behalf and the behalf of my child and our respective heirs, executors and successors, hereby covenant not to sue and forever release Flip n Twist Gymnastics, its owners, officer, employees, or agents from all liability for any and all damages or injuries suffered by my child while under the instruction/supervision or control of Flip n Twist Gymnastics. I give permission to Flip n Twist Gymnastics and/or appropriate medical facilities to take whatever emergency measures as judged necessary for the care and protection of my child under the supervision of Flip n Twist Gymnastics. I further understand that in case of a medical emergency, my child will be transported to a medical facility by the local emergency unit staff deems necessary. Any such transportation to a medical facility will be at my expense. I also understand that in some situations Flip n Twist Gymnastics staff will need to contact the local emergency department resources before the parent(s), child's physician, and/or other adult(s) acting on the parent's behalf.

Photo Release: On occasion, Flip n Twist Gymnastics takes photos of children participating in classes or other gym related activities. Flip n Twist Gymnastics reserves the right to use these photos in any media for the purpose including but not limited to promotion and/or advertising.

Child's Name: _____ Birthdate: _____

Address: _____

City, State & Zip: _____

Parent Signature _____ Date _____

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