

FLIPSIDE GYMNASTICS
ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND MEDICAL
AUTHORIZATION



Birthday Star: _____
Date of Party: _____
Time of Party: _____

THINGS TO KNOW:

We will be doing gymnastics followed by refreshments in our party room! Your child should wear exercise clothing, no buttons or buckles. Long hair should be pulled back in a pony tail and no tights with toes please! Children must be at least 3 years of age to participate, 18 months up to 3 years must be accompanied by an adult at all times.

DIRECTIONS:

From Franklin: Take Pond Street heading north towards Medway, Pond street turns into Franklin St. We are #2 (a green building on the right). Take a right at the end of the building, entrance is in the back of the building.

From Medway: Take route 109 west turn left at Franklin St signal light, follow road to 4-way stop sign. Go straight through stop sign, we are #2 (a green building on the left, enter in the first driveway). There is ample parking in our lot around the back of the building. If you need more detailed directions please call 508-533-2353.

As legal guardian of _____, hereafter, child(ren) I recognize that potentially severe injuries, including permanent paralysis or death, can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, dance, cheerleading, and parties. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all Flipside Gymnastics, Inc. programs and activities and **I ACCEPT ALL RISKS** associated with that participation.

In consideration for allowing me and my child(ren) to use these facilities, I, on my behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby **COVENANT NOT TO SUE** and **FOREVER RELEASE** Flipside Gymnastics, Inc., its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of Flipside Gymnastics, Inc., including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, employees, or agents.

In the event of an emergency I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold Flipside Gymnastics, Inc. and its representatives harmless in their execution of this action.

Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child as a result of any injury sustained while participating at or for Flipside Gymnastics, Inc.

By your attending this birthday party, you are granting your permission for you and your child to be filmed, videotaped, audiotaped or photographed by any means and are granting full use of your likeness, voice and words without compensation.

I have read and understood this **ASSUMPTION OF RISK, WAIVER OF LIABILITY** and **MEDICAL AUTHORIZATION**. I **VOLUNTARILY** affix my name in agreement.

Child's Name _____

Date of Birth _____

PARENT/LEGAL GUARDIAN _____

Address _____

City _____

State and ZIP _____

Medical Conditions and/or Allergies _____

Cell Number _____

Email _____

Tuition Coupon
Bring in this coupon to
Flipside Gymnastics to receive
\$10.00 OFF
Your first full session tuition
(Valid first time registration only)

Would it be ok to contact you about future promotions and new classes? Yes or No (circle one)