

Flip N Cheer
Gymnastics Waiver and Release Form

We, the staff of Flip N Cheer recognize our obligation to make our students and the parents aware of the risks and hazards with the sports of gymnastics. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Gymnastics can be dangerous and can lead to injury.

I will instruct my child (the minor participant) to carefully follow all gymnastics safety rules: I/We fully understand that:

1. There are risks and dangers associated with participation in gymnastics events and activities, including, but not limited to those of bodily injury, partial, and/or total disable, paralysis, and death.
2. The social and economic losses and/or damages, which occur from those risks and dangers described above can be severe.
3. These risks and dangers may be caused by negligence of the participant or the negligence of others.
4. There may be other risks not known to us or no reasonably foreseeing at this time.

With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Flip N Cheer. I, my executors, or other representatives, waive and release all rights and claims for damages I or my child have against Flip N Cheer and/or it's representatives whether paid or volunteer. I also affirm that I now have and will continue to provide hospitality, health, and accident insurance coverage which I consider adequate for both my child's protection and my own protection. I also understand that it is the parent(s)/guardian(s) responsibility to warn to what they feel is appropriate. Flip N Cheer will only warn the child through "Safety Messages" and our teaching style and progression. I/We accept and assume risks and possibilities for the losses and/or damages following such injury, disability, paralysis or death, however caused or alleged to be caused in whole or in part by the negligence of Flip N Cheer, other participations, volunteers, or employees.

I/We have read the above waiver & sign it voluntarily:

Name of Participant: _____

Address of Participant: _____

Phone: _____ Age: _____ Birth Date: ____ / ____ / ____

E-mail Address: _____

Parent(s)/Guardian Names: _____

I, the Parent/Guardian of _____, give permission for Flip N Cheer to give emergency medical treatment of my child if I can be contacted.

Parent/Guardian Signature: _____ Date: _____

List all emergency numbers in order of importance in the event of an accident or emergency:
