



Acknowledgement, Authorization and Release Form

Name of Student \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email(s) \_\_\_\_\_

How did you hear about Flip & Twist? \_\_\_\_\_

Mother or Guardian \_\_\_\_\_ Father or Guardian \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ Address (if different from above) \_\_\_\_\_

RELEASE OF LIABILITY

As legal guardian of \_\_\_\_\_, I hereby give permission for my child to participate in programs at Flip & Twist. I fully understand that Flip & Twist staff members are not physicians or medical practitioners of any kind. With that in mind, I hereby release the Flip & Twist staff to render temporary first aid to my child in the event of any injury or illness, or seek medical help, including transportation by a Flip & Twist staff member, or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should it be deemed necessary. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating at or for Flip & Twist.

I recognize that potentially severe injuries can occur in sports or activities involving height or motion, including but not limited to acrobatics, gymnastics, tumbling, cheerleading, stunting and trampoline. Being fully aware of these dangers, I voluntarily consent to the aforementioned person(s) participating in any and all programs at Flip & Twist, and I ACCEPT ALL RISKS associated with participation.

In consideration for allowing my child to use these facilities, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby covenant not to sue and forever release Flip & Twist its officers, representatives, employees, or agents from all liability for any and all damages or injuries suffered by my child while under the instruction, supervision, or control Flip & Twist, including, without limitation, those damage or injuries resulting from acts of negligence on the part of its officers, representatives, employees, or agents.

**I am fully aware of the possibility of injury and will encourage my child(ren) to follow all the safety rules and the instructor's instruction.**

I have read and understand this MEDICAL AUTHORIZATION, ASSUMPTION OF RISK, AND WAIVER OF LIABILITY and I voluntarily affix my name in agreement.

Parent or Legal Guardian's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_