



5909 W US 10, Ludington, MI 49431 (231) 845-1385

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## BIRTHDAY PARTY REGISTRATION & WAIVER



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In consideration of the agreement of Flipstar Gymnastics Center (hereinafter FGC) to accept my child(ren) (hereinafter Participant) as a participant in FGC activities, the parent or legal guardian of said participant hereby states that they understand that any activity involving height, motion or rotation in a unique environment may cause the possibility of accidental injury, paralysis and even death. The undersign voluntarily assumes the risk of such injury to Participant, him or her heirs, executors, successors and assign from any and all liability, action, claims and causes of action whatsoever on account of or in any way related to the participation of Participant in FGC activities and does hereby agree to fully indemnify FGC for any medical expenses or other damages resulting from any such accidental injury to Participant while at the birthday party of FGC, except where such expenses or damages are the result of intentional or reckless conduct of FGC.

This agreement and waiver having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent Name or Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE