Birthday / Field Trip Guest Registration

Birthday Host Child_____ Date: _____

Upon Signing below, I acknowledge that I have read the following:

Assumption of Risk:

My child and/or I are aware that participating in the sport of gymnastics is a potentially dangerous activity. I assume all risks on behalf of my child associated with the participation in this sport, including, but not limited to, falls, contact with other persons and other reasonable risk conditions of this sport. All such risks to my child are known & understood by me. I understand this informed consent and have read the Flips Rules & Policies, agree to their conditions on behalf of my child. With the above in mind & being fully aware of the risks & possibility of injury involved, I consent to have my child(ren) participate in the programs offered by Flips Gymnastics & Sport, LLC. I, my executors or other representitives, waive and release all rights and claims for damages that I or my child may have against Flips Gymnastics & Sport, LLC and/or its representitives whether paid or volunteer.

Parents are not allowed on the gym floor, this includes any of the carpeted areas (red or blue).

Guest First Name	Last Name	Age	Phone #	Parent Signature