

# FLIP SIDE

GYMNASTICS

**A PLACE TO TRAIN or Just Have Fun!**

Special Activity Release Form: \_\_\_\_\_  
Date: \_\_\_\_\_  
Participant's Name: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ DOB: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

## FLIPSIDE GYMNASTICS RELEASE FORM

Flip Side Gymnastics provides a safe environment for you/your child. This does not, however, assure that you/your child will never be injured. I understand that gymnastics is a potentially dangerous sport in which serious injury, permanent disability or even death may occur. I fully understand and accept the risks involved for myself/child by participating in this type of sport. I understand dance and cheerleading can run the same risk as well.

I hereby consent to have myself and/or my child/ward participate in any program offered by Flip Side Gymnastics. I agree that I, my child ( adopted or otherwise) and my executors waive and release all rights and claims for damages that I may have at any time against Flip Side Gymnastics, its employees or program or special activity related, but not limited to gymnastics, dance, aerobics, and tumbling offered by Flip Side Gymnastics.

**By my signature I confirm that the above named person is in good health and authorize simple first aid to be given if necessary. I also consent to any medical treatment (x-ray, exam and medical/surgical diagnosis) which may be deemed necessary if I cannot be reached first.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_