

Flips Gymnastics LTD, Open Gym Waiver and Release Form

We the officers and staff of Flips Gymnastics LTD, aka Flips Gymnastics North Shore, recognize our obligation to make our open gym participants and parents aware of the risks and hazards associated with the sport of gymnastics, trampoline and tumbling. Participants may suffer injuries, possibly minor, serious or catastrophic in nature. Participation in open gym can be dangerous and can lead to injury!

Parents should make their children aware of the possibility of injury and encourage their children to follow all the safety rules and the coaches' instructions.

Flips Gymnastics LTD will not accept responsibility for injuries sustained by any student during open gym.

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 open gym program at Flips Gymnastics LTD. I, my executors or other representatives, waive and release all rights and claims for damages that I or my child may have against Flips Gymnastics LTD and or its representatives.

I also affirm that I now have and will continue to provide proper hospitalization, 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 responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Flips Gymnastics LTD will only warn the child through "Safety Messages."

Parent or Guardian Signature: _____ Date _____

Name and birth date of child (children) 1) _____ 2) _____

3) _____

Emergency Contact Phone Number(s)
