



1801 E. 10th St., Bldg. C • Rolla, Mo 65401 • www.flip-flopgymnastics.com

STUDENT REGISTRATION FORM/WAIVER

Student's Name _____

Age _____ Date of Birth _____

Class Day _____ Time _____

T-shirt size: Child: ☐ 2-4 ☐ 6-8 ☐ 10-12 ☐ 14-16 Adult: ☐ S ☐ M ☐ L ☐ XL

How did you hear about us? _____

Mother's Name _____ Father's Name _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Mother's Work Phone _____ Father's Work Phone _____

Contact person if parents cannot be reached:

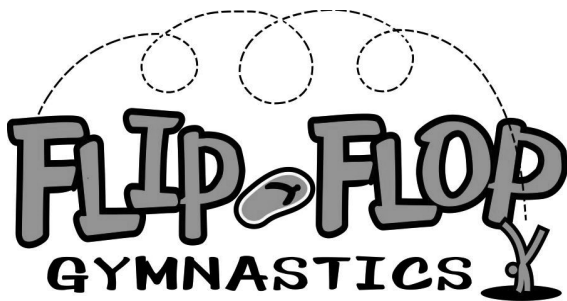
Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Doctor's Name _____ Phone _____

Medical Insurance Provider _____ Policy Number _____

Please list any physical, medical or social conditions that may affect your child's performance in class.
(diabetes, asthma, epilepsy, significant past injuries, allergies, fears, etc.)



573-364-2444

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WAIVER

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in Flip-Flop Gymnastics, LLC, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue Flip-Flop Gymnastics, LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone of my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result in such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant _____

Signature of participant _____ Date _____

IF STUDENT IS UNDER 18:

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of such claim.

Printed name of Parent/or Legal Guardian _____

Signature of Parent/or Legal Guardian _____ Date _____

PHOTO RELEASE FORM FOR MINORS (if under 18)

Flip-Flop Gymnastics has my permission to use my or my child's photograph publicly to promote Flip-Flop. I understand that the images may be used to print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Child's Name _____

Parent/Guardian's Name _____

Parent/Guardian's Signature _____ Date _____