



Twist'N Flip Registration and Waiver

What is the last name of the party you're attending?

Mothers Name _____
Fathers Name _____ Sex _____ Date of Birth _____
Student _____
Student _____
Student _____

Address: _____
City, State _____ Zip Code _____

Primary Phone _____ Emergency/Alternate Phone _____

Email address: _____

We use this for closings and other important announcements. Please don't skip this, we guard email addresses like they are national secrets, but we need it to contact you!

Any physical or emotional limitations the instructors should consider in working with your child?

Please Explain: _____

This is the legal stuff... Read the following carefully and sign below.

In consideration of my participation in Twist'N Flip Gymnastics and Dance classes, events, and activities, I agree to be bound by each of the following:

Medical Emergencies

I fully understand that the staff of Twist'N Flip Gymnastics are not physicians or medical practitioners of any kind. With that in mind, I hereby release Twist'N Flip Gymnastics to render first aid to my child in the event of any injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child and/or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities with Twist'N Flip Gymnastics.

Assumption of Risk

I hereby consent to his/her participation in gymnastics, dance, birthday parties, special events & activities including inflatables, camps and any and all other programs offered by Twist'N Flip Gymnastics. I understand that participation in gymnastics, dance, and any and all other activities at Twist'N Flip Gymnastics may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and severe injuries such as paralysis, permanent disabilities, or even death from various causes, known and unknown.

Release of Liability

In consideration for allowing my child to participate in activities offered by Twist'N Flip Gymnastics, I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have or my child has against Twist'N Flip Gymnastics or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless Twist'N Flip Gymnastics or any agent, employee, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered by Twist'N Flip Gymnastics. It is also my intent to release Twist'N Flip Gymnastics and any agent, employee, representative or other acting on their behalf from liability for ordinary or gross negligent conduct that may occur in the future and agree not to sue. By agreeing to this I understand that even though I am not taking gymnastics or dance lessons and will not be on the equipment I may injure myself being in the gym. I take full responsibility for my actions and agree to pay for any and all medical bills that might arise from an accident at Twist'N Flip Gymnastics. This could include, but not limited to stepping off uneven mats and twisting an ankle, broken bones, torn ligaments, spine injuries or even death. This includes outside the building in the parking lot and all surrounding areas.

This acknowledgment of risk and release of liability has been read by me and understood completely and signed voluntarily.

Child's Name(s) _____
Print Your Name _____
Sign Your Name _____ Date _____

Someone from Twist'N Flip will fill this out:

Class/Program New Student is attending: _____ Date/Time _____
Jackrabbit (initial here after you finish): _____ Date _____