



Registration Form

Gymnast's Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Parents' names _____ Home Phone _____

Email _____ Cell Phone _____

Emergency Contact _____ Phone _____

Start Date _____ Class day and time _____

Dual Release of Liability Waiver

Name of adult participant/parent: _____

I, despite all reasonable precautions implemented for safety, am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in the programs or activities. I knowingly and willingly assume all such risks. Consequently, I hereby for myself, heirs, executors and administrators, do waive and release any and all rights and claims for damages against the owners, operators, coaches and other members of Flipz Gymnastics from personal injury or accident of any sort or nature suffered by me, the undersigned, by reason of participation or membership in classes, lessons or any programs or activities of Flipz Gymnastics.

Participant signature (if over 18): _____

Minor Release

Name of child participant (if under 18)

Name of parent/guardian

I, the minor's parent and/or legal guardian, understand the nature of these activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition 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 releasee's from all liability claims, demands, losses, or damages on the minor's account, including negligent rescue operations. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Signature of parent or guardian _____ Date: _____

Permission to Use Photograph

Subject: gymnastics competitions, workouts, team activities and functions at Flipz Gymnastics, 14 Chenell Drive, Concord, NH 03301 or the location of any USAG sanctioned meet or team activity. I grant to Flipz Gymnastics, its representatives and employees the right to take photographs of my child in connection with the above-identified subject. I authorize Flipz Gymnastics, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Flipz Gymnastics may use such photographs of my child with or without his/her name for any lawful purpose, including publicity, illustration, advertising, and Web content. I have read and understand the above:

Signature of parent or guardian _____