



Acknowledgement, Authorization and Release Form

Name of Student _____ D.O.B ____/____/____

Street Address _____ City _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email(s) _____

How did you hear about Flip & Twist? _____

Mother or Guardian _____ Father or Guardian _____

Phone (____) _____ Phone (____) _____

Address (if different from above) _____ Address (if different from above) _____

RELEASE OF LIABILITY

As the legal guardian of my designated student(s) listed above and myself as a participant, I hereby consent to all student(s) and myself participating in the facility's program(s). I recognize that potentially severe injuries and/or death can occur in any activity involving height or motion, including tumbling and related activities including but not limited to cheerleading, acrobatics, tumble tramp (Tumbl Trak), trampoline, stunting, pyramids, dance, martial arts, Ninja Zone, clinics, kinder/preschool aged classes, aerial silks, circus arts, birthday parties, extra mat practices, gymnastics and physical activity in general. I understand that it is the express intent of all staff and personnel to provide for the safety and protection of myself and my student(s) and, in consideration for allowing myself and my student(s) to use these facilities, I hereby COVENANT NOT TO SUE and FOREVER RELEASE this facility, affiliated and partner companies and organizations, property owners and lessors, staff, contractors, subcontractors, teachers, coaches, owners, directors and other members involved in this facility's program(s), from all liability and for any and all damages and injuries suffered by my student(s) during instruction, supervision, and/or control including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, representatives, employees, or agents.

As legal guardian of my student(s) and myself I hereby give permission for my child and myself to participate in programs at Flip & Twist, LLC. I fully understand that Flip & Twist, LLC staff members are not physicians or medical practitioners of any kind. With that in mind, I hereby release the Flip & Twist, LLC staff to render temporary first aid to my child in the event of any injury or illness, or seek medical help, including transportation by a Flip & Twist, LLC staff member, or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child or myself should it be deemed necessary. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by my child and/or myself as a result of any injury sustained while participating at or for Flip & Twist, LLC.

This release is intended to be binding upon the student(s) and/or myself, his/her heirs, assignees, and successor in interest, and anyone claiming by or through him/her. I have read and understood the registration form and agree to all terms as stated above. I also attest that all information given is factual. I certify that my child(ren) and/or myself is in good health and may participate in any Flip & Twist, LLC activities.

PHOTOGRAPHY/MEDIA:

In addition, I give Flip & Twist, LLC permission to film, photograph, or videotape my child(ren) and/or myself for any reproductions, movies, televised events, social media posts, or promotional print associated or in any way connected with Flip & Twist, LLC. I am aware that photos and videos are taken from time to time for marketing and instructional purposes and I hereby consent (without further authorization, remuneration or compensation of any kind) to the use of my name and/or my child(ren)'s and/or likeness in any and all advertising, promotional materials or publicity by Flip & Twist, LLC.

COVID 19:

I understand and assume all risks associated with covid19. Covid19 is a flu virus that has previously forced the closure of many businesses in the state of California. Upon the directive of the governor of California, Flip & Twist is operating in compliance to the governor's directive regarding covid19. I understand that if my minor child tested positive for covid19, or displaying any symptoms relating to covid19 (including but not limited to: cough, shortness of breath, fever) that I will not allow my child to participate in any of Flip & Twist, LLC programs, and my minor child will not visit the facility until he/she tests negative for covid19. Testing positive for covid19 does not release me from my contractual obligations with Flip & Twist. I understand that if my child contracts covid19 while training at Flip & Twist, LLC I will indemnify and hold harmless Flip & Twist and any of its officers, shareholders, agents and employees for any and all liability that would arise from testing positive for covid19.

I am fully aware of the possibility of injury and will encourage my child(ren) and myself to follow all the safety rules and the instructor's instruction.

I have read and understand this MEDICAL AUTHORIZATION, ASSUMPTION OF RISK, AND WAIVER OF LIABILITY and I voluntarily affix my name in agreement.

Parent or Legal Guardian's Signature

Printed Name

Date