

FLIPTASTIC! GYMNASTICS LIABILITY WAIVER and MEDICAL RELEASE

Gymnast Name_____

Age____ Date of birth_____

School or group_____

As parent or legal guardian of the minor listed above, I understand gymnastics, tumbling, and cheerleading as any sport or activity, involves risk of injury to the participant. It is with this in mind that I relieve Fliptastic! Gymnastics Inc. and its personnel of liability in case of accident or injury to my child.

I also authorize the members of Fliptastic! Gymnastic's staff to consent to medical diagnosis and treatment when the need for such treatment is immediate and efforts to contact me are unsuccessful.

Parent's name_____

Phone number(s)_____

*Parent's Signature*_____

Date_____