

STUDENT WAIVER FORM

Flip Force San Diego
5629 Copley Drive
San Diego, CA 92111

Office Use Only	Class/Day/Time
Date Paid:	

It is recommended that you add all children so they may participate in Open Gym & other Special Events.

1. Student's Name _____ Age: _____ Sex: ____ DOB: _____
2. Student's Name _____ Age: _____ Sex: ____ DOB: _____
3. Student's Name _____ Age: _____ Sex: ____ DOB: _____
4. Student's Name _____ Age: _____ Sex: ____ DOB: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Current School: _____ Grade: _____

Family E-mail _____ How did you hear about us? _____

Parent #1: _____ Employer: _____ Work #: _____ Cell: _____

Parent #2: _____ Employer: _____ Work #: _____ Cell: _____

Are there any medical conditions we need to be aware of? _____

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, AND IDEMNITY AGREEMENT

As Self or the parent/legal guardian of _____, I hereby consent to the above-named person participating in the programs offered by Flip Force San Diego.

By the very nature of the activity, trampoline, tumbling, cheer, cirque, martial arts, & dance all carries a risk of physical injury including serious injuries such as broken bones, torn ligaments, paralysis and even death. No matter how careful the student and instructor, no matter how many staff members are supervising the activity, no matter how many precautions, safety equipment or other safeguards are employed, and no matter how many times the skill may have been performed perfectly, the risk cannot be eliminated.

Reduced, yes, but never eliminated. That risk is inherent in all sports at all times and is inherent in activities offered at Flip Force San Diego as well.

I UNDERSTAND AND ACCEPT THAT RISK.

In partial consideration for allowing my child to use the Flip Force San Diego and equipment, I hereby forever release Flip Force San Diego, Inc., Rock Steady, D.F.S. and TPI Propertiers, LLC , its owners, employees, and instructors from all liability for any and all damage and injuries suffered by my child or self while under the instruction supervision, or control of Flip Force San Diego its owners, employees, or instructors.

As the parent or legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating in the activities of Flip Force San Diego or under the direction and supervision of its owners, employees or instructors.

That acknowledgement of risk, waiver of liability, and indemnity agreement having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

X Signature _____ Date _____