



**Birthday Party / Special Events Participation Waiver  
Assumption of Risk, Release of Liability Waiver, Medical Authorization**

As legal guardian of \_\_\_\_\_ I hereby consent to his/her participation in Skip 'n' Flip Gymnastics Birthday Party / Special Events activities. I recognize that potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics and related activities including cheerleading, tumbling and trampoline. I understand that it is the express intent of Skip 'n' Flip Gymnastics to provide for the safety and protection of my child, and in consideration for allowing my child to use these facilities, I hereby forever release Skip 'n' Flip Gymnastics, its owners, assigns, employees, teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the supervision and control of Skip 'n' Flip Gymnastics or its employees. I hereby agree to provide for the medical expenses which may be Incurred by my child as a result of any injury sustained while training at or performing for Skip 'n' Flip Gymnastics. This acknowledgment of risk and waiver of liability, having been read and understood completely, is signed voluntarily as to its content and intent. I hereby give permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence.

**Signature of Parent/ Legal  
Guardian** \_\_\_\_\_

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Complete both sections for adult participation parties (parents accompanying children under 3 years of age)**

Name of Child participant (if under 18): \_\_\_\_\_

Name of adult participant / parent: \_\_\_\_\_

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

**Participant signature (if over 18) :** \_\_\_\_\_