

# *flipshack* activity consent

Though we take safety seriously, risk is always inherent when engaged in physical activity. If you're not currently a registered member of our Movement Classes or Competitive program, please return this form in order to participate in Parties, Open Gym, Parents' Night Out or any other event sponsored by Flipshack. Or, if you prefer, a legal guardian may sign in at the desk.

Participant 1 \_\_\_\_\_

Participant 2 \_\_\_\_\_

Participant 3 \_\_\_\_\_

Phone number (if guardian will not be present) \_\_\_\_\_

**ADULTS ARE NOT PERMITTED ON EQUIPMENT** except in adult-approved programs.

**ASSUMPTION OF RISK, WAIVER OF LIABILITY:** I recognize that potentially severe injuries, including permanent paralysis or death can occur in activities involving height or motion, including but not limited to gymnastics, tumbling, urban-style movement, slack-lining, aerial circus arts, and inflatables in any of our programs including but not limited to classes, parties, field trips, open gyms, private lessons, clinics, parents' nights out, camps and special community events. I voluntarily consent to participate and/or voluntarily allow those minors listed above who are under my legal guardianship to participate in any and all programs conducted by Flipshack (operated by Monkey Business, Inc.) referred to hereafter as THE GYM, and I ACCEPT ALL RISKS associated with that participation. In consideration for using or allowing my child to use facilities of THE GYM, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE THE GYM, its officers, directors, shareholders, employees and other representatives, whether paid or volunteer, of all liability for any and all damages or injuries suffered by me or my child while under the instruction, supervision or control of THE GYM. I understand that it is a legal guardian's responsibility to warn his or her child about dangers of injury in a manner that he or she deems appropriate. I also give permission for photographs and videos of myself or my child to be used in print, electronic or broadcast media as deemed appropriate for the promotion of THE GYM.

**PERMISSION FOR EMERGENCY MEDICAL TREATMENT / MEDICAL INSURANCE:** I confirm that I (if participating myself) and/or the minors named on this form are in good health. I understand that THE GYM's staff members and volunteers are not medical practitioners of any kind. I hereby release THE GYM's staff members and volunteers to render temporary first aid to me or my child in the event of an injury or illness, and if deemed necessary by the THE GYM's staff to seek medical help including calling emergency medical services for me or said child. I agree to individually provide for all medical expenses, which may be incurred by me or my child as a result of any injury sustained at THE GYM.

Signature \_\_\_\_\_ Date \_\_\_\_\_