



82 Worman's Mill Ct. Unit E, Frederick MD 21701

Gymnastic Fun for Everyone

Assumption of Risk, Liability Release, and Indemnity Agreement

(Please Read Before Signing)

In consideration of permitting my child to participate in the Flips Gymnastics, I, as parent/legal guardian of _____, for myself, my personal representatives, assigns, heirs and next of kin:

(Child's Name)

1. Acknowledge and represent that I understand the nature of gymnastics activities and my child's experience and capabilities, and I believe my child to be qualified, in good health and in proper physical condition to participate in gymnastics activities. If, at any time, I believe that my child is not in proper physical condition to participate in gymnastics activities, I will inform Flips, LLC t/a Flips Gymnastics Team of any condition which might affect my child's ability to participate fully and when appropriate, will immediately discontinue my child's further participation in gymnastics activities.

2. Fully understand that (a) gymnastics involves risks and dangers of serious bodily injury, including but not limited to permanent disability, paralysis or death ; (b) these risks may be caused by my child's own actions or inactions, the actions or inactions of others participating in the gymnastics activities, the condition of the equipment, mats or other circumstances in which the gymnastics activities take place or the NEGLIGENCE OF THE RELEASEES NAMED BELOW; and (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time, and I fully accept and assume all risks and all responsibility for losses, costs, and damages incurred by me or my child as a result of my child's participation in gymnastics activities.

3. Hereby release, discharge, and covenant not to sue Flips, LLC, t/a Flips Gymnastics Team, its members, directors, agents, officers, employees, instructors, choreographers, volunteers, other participants, sponsors, advertisers, and owners and lessees of premises on which the gymnastics activities take place (each considered one of the "RELEASEES" herein) from all liability, claims, demands, or causes of action whatsoever arising out of any damage, loss, death or injury to my child or me or our property, caused or alleged to be caused in whole or in part by the NEGLIGENCE of the RELEASEES, including negligent rescue operations, or caused by any other reason.

4. Agree that if, despite this Assumption of Risk, Liability Release, and Indemnity Agreement ("Agreement"), I, my child or anyone on my or my child's behalf, makes a claim against any of the RELEASEES, I will indemnify, save and hold harmless each of the RELEASEES from any litigation expenses, attorney's fees, loss, liability, damage, or cost which any RELEASEE may incur as a result of such claim.

5. Understand that in lieu of signing this Agreement, I have the option of paying an additional fee of \$500.00 per year to Flips, LLC to enroll my child in the Flips Gymnastics Team without having to sign this Agreement and without releasing any rights against the RELEASEES resulting from the negligence of the RELEASEES. I have chosen not to pay the additional fee to opt out of this Agreement.

I have read this Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this Agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Printed Name _____ Phone # _____

Address: _____ Email: _____

Emergency Contact Name & Number _____

Child's Printed Name _____ Child's Birthdate _____

Function Attending: _____