



EVENT WAIVER

****Please read carefully. All information provided must be legible and accurate. All information provided will only be accessed by Flipdoctors Inc. DBA Summit Sports Center staff for appropriate customer service reasons.****

FAMILY INFORMATION:

Parent Last Name: _____ Parent First Name: _____ Cell# _____

Parent Last Name: _____ Parent First Name: _____ Cell# _____

Address, City, State, Zip Code: _____

Parent Email Address: _____ Email #2: _____

Emergency Contact If Parents cannot be reached: Full name, phone #, relationship: _____

STUDENT INFORMATION:

1.) Student Last Name: _____ Student First Name: _____ Birthdate: _____

Does your child have any medical conditions of which we should be aware? _____

2.) Student Last Name: _____ Student First Name: _____ Birthdate: _____

Does your child have any medical conditions of which we should be aware? _____

3.) Student Last Name: _____ Student First Name: _____ Birthdate: _____

Does your child have any medical conditions of which we should be aware? _____

4.) Student Last Name: _____ Student First Name: _____ Birthdate: _____

Does your child have any medical conditions of which we should be aware? _____

Please see reverse side to initial in each blank and sign/date.



Waiver & Release Form

____By nature, the pursuits of gymnastics, cheerleading and related activities carry the risk of physical injury. I recognize that severe trauma: including, but not limited to, permanent paralysis or death can occur in sports or any activity involving height and /or motion. These activities include, but are not limited to, all gymnastics related activities, tumbling, trampoline, dance, cheerleading and fitness. Mats, foam pits and other equipment are provided in many cases, as well as, active participation from an instructor; however, serious injuries may still be unavoidable.

____Being fully aware of these dangers, I hereby give consent for my child(ren)/self to participate in any and all Flipdoctors Inc. DBA Summit Sports Center activities, and I ACCEPT ALL RISKS associated with participation of any kind for any Flipdoctors Inc. DBA Summit Sports Center activities.

____I understand it is the parent's/legal guardian's responsibility to warn the child(ren)/self about injury risks, and I will encourage my child(ren) to follow all directions given by staff members, officers, directors, agents, shareholders, employees, contractors and volunteers.

____In the event of an accident or emergency, I hereby authorize my child(ren)/self to be transported to a hospital for medical treatment, and I hold Flipdoctors Inc. DBA Summit Sports Center, and James Swainston and their representatives harmless in the execution of such. Additionally, I hereby agree to provide for all medical expenses which may be incurred by me or any of my children, as a result of any injury sustained while participating in any activity at or for (regardless of location) Flipdoctors Inc. DBA Summit Sports Center.

____I fully understand that staff members are not physicians or medical practitioners of any kind. I hereby release Flipdoctors Inc. DBA Summit Sports Center, staff to render first aid to my child(ren)/self, in the event of any injury or illness. If deemed necessary by Flipdoctors Inc. DBA Summit Sports Center, we will seek professional medical help by calling a doctor, hospital, or ambulance for said child(ren)/participant. I also affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, which I consider adequate for my child(ren)/self protection.

____Flipdoctors Inc, DBA Summit Sports Center/Powder by the Pound/James Swainston are not responsible for any damage to your vehicle or any personal property while on the premise of 2015 Johnson Industrial Blvd, Nolensville, TN 37135.

____In consideration of my child(ren)/self participation, I hereby (for myself, my child(ren) and our respective heirs and successors) COVENANT NOT TO SUE AND FOREVER RELEASE Flipdoctors Inc. DBA Summit Sports Center, James Swainston, their officers, directors, agents, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of any participation at or for Flipdoctors Inc. DBA Summit Sports Center, including those resulting from acts of negligence on the parts of Flipdoctors Inc. DBA Summit Sports Center, James Swainston, their officers, owners, directors, agents, shareholders, employees, contractors and volunteers. I have

read and understand all of the Flipdoctors Inc. DBA Summit Sports Center. Waiver and Release Form, and I accept all risks and terms with my signature below:

Athlete/Participant
Name: _____

Athlete/Participant
Name: _____

Athlete/Participant
Name: _____

Parent/Legal Guardian/Participant Signature: _____ Date: _____