



Flip Star Inc.

1906 Ferro Drive, New Lenox IL 60451
1697 New Lenox Road, Joliet IL 60433

815-463-5900 FlipStarAskNow@gmail.com
815-774-9600

FlipStar, Inc. – Waiver Release Form for Minor Child *Required & effective for all activities associated with FlipStar, Inc.*

Please Print

Father/Guardian Name: _____ Last Name: _____ Cell #: _____

Mother/Guardian Name: _____ Last Name: _____ Cell #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____ Email: _____

Child's Name: _____ Last Name: _____ Gender: _____ DOB: _____

Health Concerns: _____ Known Allergies: _____

Child's Name: _____ Last Name: _____ Gender: _____ DOB: _____

Health Concerns: _____ Known Allergies: _____

Child's Name: _____ Last Name: _____ Gender: _____ DOB: _____

Health Concerns: _____ Known Allergies: _____

Medical Release

In the event of an emergency, I hereby authorize FlipStar, Inc. and its employees, owners, and volunteers (collectively "Representatives") to take any steps they deem necessary to obtain emergency medical care for my child and I hereby release FlipStar, Inc. and its Representatives from any liability, financial or otherwise, incurred during and for such emergency treatment.

Photograph Release

FlipStar, Inc. gymnastic/tumbling activities may be photographed and/or videotaped. As parent or legal guardian, I give my permission to FlipStar, Inc. for my child to be photographed and/or videotaped with the understanding that the photographs/video may be used for such purposes as training, video presentation, publicity, marketing and similar reasons.

Release

I understand and acknowledge the risks and dangers associated with my child's participation in gymnastic activities including, without limitation, the potential for serious bodily injury. I expressly assume all risks and responsibility for any damages, liabilities, losses or expenses which may result from my child's participation in events and activities at or sponsored by FlipStar, Inc. I further release, waive, and discharge FlipStar, Inc. and its Representatives from any claims, demands and actions of any kind and from any liability for injury or damages of any kind suffered by the above child by his/her participation in any FlipStar, Inc. program, activity and other participation in any event FlipStar, Inc. hosts, sponsors or which my child attends.

I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf, makes a claim against any Representative as defined above, I will indemnify, save and hold harmless each Representative from any litigation expenses, attorney fees, loss, liability, damage, or cost any may incur as the result of any such claim.

I expressly agree that this release and waiver intended to be as broad and inclusive as is permissible by the laws of the State of Illinois. If any portion of this agreement is held to be invalid, it is agreed that the balance of this waiver shall continue in full force and effect.

Representation of Authority of Parent or Legal Guardian – The undersigned represents and warrants to FlipStar Inc. that he/she is acting as Parent or legally appointed guardian of the above-named child. I have full power and authority to execute this document, including the release provisions, on behalf of the child named above. I understand that I may be required to provide proof that I am the legally appointed guardian of this minor child. This form must be signed by the parent or legal guardian of the child. Should anyone else sign this document or forge the parent/guardian's name, the undersigned shall be liable to FlipStar, Inc. for any damages, losses, claims, litigation costs and attorney's fees resulting from this misrepresentation. FlipStar, Inc. reserves the right to terminate the child's participation in FlipStar activities and events without reimbursement for fees and costs previously paid to Flip Star, Inc.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date