



Flip Star Inc. - Waiver Release Form

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

815-463-5900
815-774-9600

FlipStarAskNow@gmail.com

Required & effective for all activities associated with FlipStar, Inc.

Please Print: All names listed below are considered participants ("the Participants")

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

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

Home Phone: _____ Email: _____ Email: _____

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

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

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

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

Do any participants have any health concerns or allergies that we should know about? (list whom as well) _____

Medical Release: The Participants have no physical or health conditions that would limit his or her participation in athletic activities or present a known and undue risk of transmitting any virus and/or disease to other participants in these activities. We hereby give permission for the Participants to participate in activities at Flip Star, Inc and to work on all the necessary equipment. In the event of an emergency, I hereby authorize FlipStar, Inc. and its employees, owners, agents and volunteers (collectively "Representatives") to take any steps they deem necessary to obtain emergency medical care for the participants 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 me and 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.

Payment Policies: Payment is required at time of reservation. No refunds are given for cancellations. Should you need to modify your participation, please contact the front desk and a credit to your account can be provided. If the gym is forced to close temporarily due to a force majeure event, an "act of God", pandemic or an unusual circumstance (i.e. power outage, etc.) parents will be notified via email, and social media as quickly as possible. Make up opportunities will be provided for these situations.

Release: I (we) understand and acknowledge the risks and dangers associated with my, and/or my child's participation in gymnastic activities including, without limitation, the potential for serious bodily injury and possible exposure to illness. I expressly assume all risks and responsibility for any damages, liabilities, losses, or expenses, including without limitation attorneys' fees and costs, which may result from or relate to me and/or 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, and/or anyone on behalf of me and/or the minor, makes a claim against any Representative as defined above, I will indemnify, defend, save and hold harmless each Representative from any litigation expenses, attorneys' fees, loss, liability, damage, or costs arising from or related to 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. I agree to comply with the policies and procedures of FlipStar, Inc.

Representation of Authority of Parent or Legal Guardian: The undersigned represents and warrants to FlipStar Inc. that he/she is a participant or acting as parent or legally appointed guardian of all participants listed above. I understand that I may be required to provide proof that I am the parent or legally appointed guardian of the participants, if applicable. This form must be signed by the parent or legal guardian of the participant if any such Participant is a minor 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 participant's participation in FlipStar, Inc. activities and events in its discretion without reimbursement for fees and costs previously paid to Flip Star, Inc.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date