

A waiver signed by a parent or legal guardian is required to participate in all events.

This waiver must be returned to Flex Gymnastics before participation is allowed.

CONSENT FOR TREATMENT OF A MINOR INJURY and ASSUMPTION OF RISK/RELEASE FROM LIABILITY

I, the undersigned, as the parent(s)/guardian OF _____, _____,
_____ give permission to Flex Gymnastics, LLC to act on my behalf to contact
available medical provider and hereby authorize the physicians and their associates of an
appropriate medical facility to perform such diagnostic, medical and/or surgical treatment on my
child as may be deemed necessary in order to assure the safety of my child(ren). I fully
understand that in case an ambulance is required; I am responsible for the cost. I also fully
understand that gymnastics and bounce house activities may be dangerous and my son/daughter
will be exposed to risk of injury. I hereby, give my permission in the program and activities of Flex
Gymnastics, LLC and release the club and instructors from any liabilities resulting from
participation.

AUDIO AND IMAGE CONSENT

By your attendance in classes or events hosted by Flex Gymnastics, LLC, you are granting your
permission for you and your child to be filmed, audiotaped, or photographed by any means and
are granting full use of your likeness, voice, and words without compensation.

Parent(s)/Guardian Signature: _____ Date: _____

Phone: _____

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