



Power Tumbling & Trampoline

Open Gym & Birthday Party Waiver

Participant Information

Student Name: (1st Child) _____

M/F Age: _____ Date of Birth: _____

Student Name: (2nd Child) _____

M/F Age: _____ Date of Birth: _____

Medical Information

Medical Insurance Company: _____

Are there any medical conditions to which we should be alerted, including allergies? _____

WAIVER AND CONSENT—FLIGHT CLUB POWER TUMBLING & TRAMPOLINE, LLC

I, the undersigned, hereby confirm that I am the custodial parent or legal guardian of the minor children identified below (hereinafter the "Participants"). I hereby consent to the Participants being present at the facilities of Flight Club Power Tumbling & Trampoline, LLC (hereinafter "Flight Club") and taking part in any and all activities offered by Flight Club.

I acknowledge that, even though all activities offered by Flight Club are supervised by employees of Flight Club, the activities offered, including but not limited to, trampoline and tumbling activities, involve inherent risk of injury. I hereby waive, both for myself and the Participants, any claim of any kind or nature that either I or the Participants may have or acquire against Flight Club or its employees or agents arising out of or in any way related to the Participants' presence at the Flight Club facility or performance by the Participants of the activities offered by Flight Club or any injuries incurred due to the Participants' presence at the Flight Club facility or arising out of the performance of those activities so long as such claim is not a result of gross negligence or willful misconduct on the part of Flight Club or its employees and/or agents.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Address: _____

Phone: _____ Home Cell Work

Participant Name (please print): _____

Date: _____



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