

	Dantiainant	t Information	
iru e cantr	-	t <i>Information</i> ne: (1st Child)	
GRMR	M/F	Age:	
Power Tumbling & Trampoline	Student Nar	ne: (2nd Child)	
Open Gym & Birthday Party Waiver	M/F	Age:	
Medical Information			
Medical Insurance Company:			
Are there any medical conditions to	o which we sh	nould be alerted, includ	ing allergies?
WAIVER AND CONSENT—FLIGHT	CLUB POWE	R TUMBLING & TRAMF	POLINE, LLC
(hereinafter the "Participants"). I he Trampoline, LLC (hereinafter "Fligh I acknowledge that, even the offered, including but not limited to myself and the Participants, any classifier or its employees or agents arising to by the Participants of the activities	ereby consen ht Club") and hough all acti o, trampoline him of any kin out of or in an offered by Flanance of those	t to the Participants be taking part in any and a vities offered by Flight and tumbling activities d or nature that either way related to the Paight Club or any injuries e activities so long as su	nt or legal guardian of the minor children identified belowing present at the facilities of Flight Club Power Tumbling & all activities offered by Flight Club. Club are supervised by employees of Flight Club, the activities, involve inherent risk of injury. I hereby waive, both for I or the Participants may have or acquire against Flight Club rticipants' presence at the Flight Club facility or performance incurred due to the Participants' presence at the Flight Club ach claim is not a result of gross negligence or willful
Parent/Guardian Signatu	ıre		Parent/Guardian Name (please print)
Address:			
Phone:		Home Cell	□ Work
Participant Name (please print): _			
_			Date:
- में ट ्रह्मी	Participant	t Information	Date:
	Participant	t Information	
FL & GIII GIUI Power Tumbling & Trampoline	Participant Student Nar M/F	t <i>Information</i> me: (1st Child)	Date of Birth:
CLU:	Participant Student Nar M/F	t Information me: (1st Child)	Date of Birth:
Power Tumbling & Trampoline	Participant Student Nar M/F Student Nar	t Information me: (1st Child) Age: me: (2nd Child)	Date of Birth:
Power Tumbling & Trampoline Open Gym & Birthday Party Waiver	Participant Student Nar M/F Student Nar M/F	t Information me: (1st Child) Age: me: (2nd Child) Age:	Date of Birth: Date of Birth:
Power Tumbling & Trampoline Open Gym & Birthday Party Waiver Medical Information Medical Insurance Company:	Participant Student Nar M/F Student Nar M/F	t Information me: (1st Child) Age: me: (2nd Child) Age:	Date of Birth: Date of Birth:
Power Tumbling & Trampoline Open Gym & Birthday Party Waiver Medical Information Medical Insurance Company: Are there any medical conditions to	Participant Student Nat M/F Student Nat M/F	t Information me: (1st Child) Age: me: (2nd Child) Age:	Date of Birth: Date of Birth: ing allergies?
Power Tumbling & Trampoline Open Gym & Birthday Party Waiver Medical Information Medical Insurance Company: Are there any medical conditions to WAIVER AND CONSENT—FLIGHT I, the undersigned, hereby (hereinafter the "Participants"). I h Trampoline, LLC (hereinafter "Flighter I acknowledge that, even the offered, including but not limited to myself and the Participants, any class or its employees or agents arising of by the Participants of the activities	Participant Student Nan M/F Student Nan M/F o which we sh confirm that ereby consen th Club") and hough all action, trampoline aim of any kin out of or in an offered by Flunance of those	ne: (1st Child) Age: me: (2nd Child) Age: mould be alerted, includ R TUMBLING & TRAMF I am the custodial pare t to the Participants be taking part in any and a vities offered by Flight and tumbling activities d or nature that either y way related to the Pa ight Club or any injuries e activities so long as su	Date of Birth: Date of Flight Club Power Tumbling &
Power Tumbling & Trampoline Open Gym & Birthday Party Waiver Medical Information Medical Insurance Company: Are there any medical conditions to WAIVER AND CONSENT—FLIGHT I, the undersigned, hereby (hereinafter the "Participants"). I h. Trampoline, LLC (hereinafter "Flighthere" I acknowledge that, even the offered, including but not limited to myself and the Participants, any classified in the participants of the activities facility or arising out of the perform	Participant Student Nam M/F Student Nam M/F Student Nam M/F O which we sh CLUB POWE confirm that ereby consen th Club") and hough all action, trampoline in of any kin out of or in an offered by Flimance of those ub or its employed	ne: (1st Child) Age: me: (2nd Child) Age: mould be alerted, includ R TUMBLING & TRAMF I am the custodial pare t to the Participants be taking part in any and a vities offered by Flight and tumbling activities d or nature that either y way related to the Pa ight Club or any injuries e activities so long as su	Date of Birth: Date of Birth:

Pare Address:____ Phone: Participant Name (please print): _____