

Flipout Registration

Date: ___/___/___

___ \$10 Flipout (Fri or Sat)

Pizza \$1.00 per Slice
Cheese Pepperoni

Student Name: _____ Age: _____

Contact Name: _____ Phone: _____
Relationship: _____

Total: _____

Parent/Guardian Signature _____ (See back for waiver)



52057 Sierra Dr.
Chesterfield, MI 48047
Phone (586) 598-0400

Waiver and Release: As parent, legal guardian, or responsible adult for the participants listed on this form, I give my consent for him/her/them to participate in activities at, or sponsored by, American Gymnastics and waive all claims for property damage and personal injury, including severe injury and wrongful death against American Gymnastics Institute Inc., including its officers, agents and employees. I fully understand the inherent risk of gymnastics and related activities and agree to assume those risks for all injuries to myself, my guests, my children and my children's guests, and agree to indemnify and hold harmless American Gymnastics Institute Inc., its officers, agents and employees from any and all liability, claims, suits, losses, costs and legal fees caused by, arising out of, or resulting from any inherent risk, negligent act, or omission.

Media Release: I understand that promotional photographs or videos of my child may be taken from time-to-time and release the right to use those images for business purposes to American Gymnastics Institute Inc.