

## Liability Waiver and Medical Release Form

In consideration for my child attending any activity at Flip Doctors Inc. DBA Summit Sports Center, I agree to be bound by the following:

**WAIVER:** As legal guardian of the child listed on this form below, I hereby consent for him/her to participate in gymnastics, trampolining, and ANY other activities while on the property located at 2015 Johnson Industrial Blvd. 37135. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and any losses associated with participation in ANY activities. I hereby forever release Flip Doctors Inc. DBA Summit Sports Center, officers, directors, agents, employees, volunteers, and James Swainston from all liability for any and all damages and/or injuries suffered or contracted as a result of my child's participation in ANY activities.

**MEDICAL RELEASE:** I hereby give any & ALL consent for Flip Doctors Inc. DBA Summit Sports Center to provide, through a medical staff of its choice, medical/athletic training attention, transportation, and emergency medical services in the course of participation Flip Doctors Inc. DBA Summit Sports Center in any activities. I hereby verify that I fully understand and accept ALL of the above conditions and permit my child to participate Flip Doctors Inc. DBA Summit Sports Center.

**Child(ren): Name:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent/Legal Guardian's Signature & DATE**

\_\_\_\_\_ **Date:** \_\_\_\_\_

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**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent/Legal Guardian's Signature & DATE**

\_\_\_\_\_ **Date:** \_\_\_\_\_