

WAIVER OF LIABILITY – ASSUMPTION OF FULL RESPONSIBILITY FOR ALL RISKS OF BODILY INJURY, DEATH OR DAMAGES

As a parent or legal guardian of **(CHILD'S NAME)** _____, I hereby consent to his/her participation in **gymnastics, tumbling, dance, trampoline, cheerleading, birthday parties, special events & activities including, clinics, workshops, camps and any and all other programs** offered by Angela's Flip Zone, LLC. I understand that participation in gymnastics, tumbling, dance, and any and all other activities at Angela's Flip Zone, LLC, may result in unavoidable injuries including, but not limited to, muscle or other soft tissue strains, sprains and tears, broken bones, and severe injuries such as paralysis, permanent disabilities, or even death from various causes, known and unknown, which include, but are not limited to, the heights of the equipment and the body during certain movements, rotation of the body, and movement of the body, in a unique environment. I am fully aware of the inherent risks **gymnastics, tumbling, dance, trampoline, cheerleading, birthday parties, special events & activities including, clinics, workshops, camps and any and all other programs** offered by Angela's Flip Zone, LLC. and the possibility of injury from participating in the above mentioned activities.

In consideration for allowing my child to participate in activities offered by Angela's Flip Zone, LLC., I, my heirs and assigns, next of kin, and all others acting on my behalf agree to waive any and all rights, claims, damages, actions, causes of action or suits of any kind or nature whatsoever which I have or my child has against Angela LaMagdelaine, Angela's Flip Zone, LLC or any agent, employee, representative or other acting on their behalf and to indemnify, defend and hold harmless Angela LaMagdelaine, Angela's Flip Zone, LLC. or any agent, employee, representative or other acting on their behalf for any injuries suffered as a result of engaging in those activities offered Angela's Flip Zone, LLC. It is also my intent to release Angela LaMagdelaine, Angela's Flip Zone, LLC. and any agent, employee, representative or other acting on their behalf from liability for ordinary negligent conduct that may occur in the future and agree not to sue.

Should any part or parts of this agreement be held null and void, the balance of the agreement shall remain valid and maintain its full force and effect. This acknowledgment of risk and WAIVER OF LIABILITY has been read by me and understood completely and signed voluntarily. I am 18 years of age or older.

X _____
PARENT/GUARDIAN SIGNATURE

DATE

By signing this I understand that even though I am not taking gymnastics and/or dance lessons and will not be on the equipment I may injure myself being in the gym. I take full responsibility for my actions and agree to pay for any and all medical bills that might arise from an accident at Angela's Flip Zone, LLC. This could include, but not limited to stepping off uneven mats and twisting an ankle, broken bones, torn ligaments, or spine injuries.

X _____
PARENT/GUARDIAN SIGNATURE

DATE