

OFFICE USE _____

Fun Day/Night at Flips Gymnastics

_____ (Child's name) has my permission to participate in a Fun Day/Night at Flips Gymnastics. I, the legal guardian of the child named above, understanding the risk of serious injury from physical activities, voluntarily and knowingly execute this release with the express intention of waiving any and all claims against Flips-N-Fun Inc., its staff, or instructors, arising from all physical harm which may result from any of the activities associated with gymnastics and related functions at Flips Gymnastics.

Parents signature _____

Address _____

Phone _____ Date _____

27320 Robinson Rd. • Conroe, Texas 77385
(281) 292-4407



Please have this permission card filled in and cut out if your child does not already have a card on file.