



Trial Class & Event Registration Waiver

Participant's Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Mother: _____ Cell: _____ Work: _____

Father: _____ Cell: _____ Work: _____

Emergency Contact: _____ Phone: _____

REFLEX Event (Circle One): Free Trial Class _____

Birthday Party Friday Fun Night/Sleepover REFLEX Jammin' Fridayz Private Lesson

Medical Release & Policy Acknowledgment

With knowledge of the risk of possible injury, disability or death from participation in gymnastics, tumbling and/or cheerleading. I/the parent/legal guardian of the "student" mentioned above grant permission for the "student" to participate in gymnastics, tumbling, cheerleading or any event being held at REFLEX Gymnastics/Cheer Academy, Inc.

I hereby give my consent to REFLEX supervisors and employees for any medical treatment needed for "student" when I cannot be contacted and in the judgment of any prospective treating doctor, is immediately and medically necessary to treat any injury sustained by the "student."

By granting permission for "student" to participate I release REFLEX Gymnastics/Cheer Academy, Inc., its supervisors and employees from any and all liabilities that may arise due to any injury including death to "student" by reason of "student's" participation in any activity at REFLEX Gymnastics/Cheer Academy, Inc. or in which REFLEX Gymnastics/Cheer Academy, Inc. is participating elsewhere.

I have read, understand & execute this release & acknowledgement:

Signature: _____ Date: _____