

STUDENT WAIVER



FAMILY INFORMATION

Parent/s Name: _____
Address: _____
City: _____ State: _____ Zip: _____
e-mail: _____
Cell Phone (Mom): _____ Cell Phone (Dad): _____
Home Phone: _____ Work Phone: _____

STUDENT INFORMATION

Student's Name: _____ Sex: _____ Age: _____ Birthday: _____
Student's Name: _____ Sex: _____ Age: _____ Birthday: _____
Student's Name: _____ Sex: _____ Age: _____ Birthday: _____
Student's Name: _____ Sex: _____ Age: _____ Birthday: _____
Student's Name: _____ Sex: _____ Age: _____ Birthday: _____
Address: If Different from above (street): _____
City: _____ State: _____ Zip: _____
Phone: _____ Alt Phone: _____

How did you hear about us? _____

EMERGENCY INFORMATION

Emergency Contact (other than parent): _____
Relationship: _____ Phone: _____
Does the student have any medical conditions or is taking any prescriptions to which we should be aware of? Yes No
If Yes, place explain: _____

I understand that it is the intent of EPIC Gymnastics /EPIC Flips and Fun LLC to provide for the protection of myself and my child(ren), and safe gymnastics may involve hands on spotting to my child(ren). Initials: _____

I also understand that employees of EPIC Gymnastics are not physicians or medical professionals. I hereby agree that EPIC Gymnastics staff may render first aid to the students listed above in the case of an injury or illness, and if deemed necessary, seek medical help, including transfer (by ambulance) to a local hospital or medical facility for help.
Initials: _____

AKNOWLEDEMENT OF RISK AND WAIVER OF LIABILITY / ASSUMPTION OF RISK

I hereby consent to members of my family participating in the Epic Gymnastics / Epic Flips and Fun LLC programs and/or affiliate programs. I recognize that there is an assumption of risk when participating in sports, and understand that injuries including permanent paralysis or death can happen when participating in activities involving height and/or motion including but not limited to gymnastics and tumbling and trampoline activities. That said, I agree to make myself and my child/ren aware of the possibility of injury and encourage my child/ren to follow all the safety rules and the coaches' instructions as posted in the gym and as verbally instructed by staff members. I fully understand that Epic Gymnastics / Epic Flips and Fun LLC staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby allow Epic Gymnastics / Epic Flips and Fun LLC staff to render first aid to me, or my children in the event of any injury or illness, and if deemed necessary by the staff to call our doctor and to seek medical help, including transportation by a Epic Gymnastics / Epic Flips and Fun LLC staff member or its representatives, whether paid or volunteer, to a health care facility or hospital.

I understand that it is the express intent of Epic Gymnastics / Epic Flips and Fun LLC to provide for the safety and protection of my child and, in consideration for allowing my child to use these facilities, I hereby release Epic Gymnastics / Epic Flips and Fun LLC, its officers, employees, affiliates, teachers and coaches from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision or control of Epic Gymnastics / Epic Flips and Fun LLC.

I also affirm that I now have and will continue to provide proper hospitalization, health, and accident insurance coverage which I consider adequate for my child's and my own protection. I understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and potential injury as is clearly posted in the gym. I also understand that safe, professional instruction often includes hands-on spotting to my child. I permit Epic Gymnastics / Epic Flips and Fun LLC to use pictures of my child for its advertising/direct marketing/web promotions, and understand they will NOT use my child's full name in the aforementioned projects. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent. I understand that there are no cash refunds, and agree to follow the make-up policy, as stated by company policy. I have read and understand the general information on the back of this form.

BACTERIA/VIRUS:

I acknowledge the contagious nature of certain bacteria and viruses, including, without limitation, COVID-19, and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by such bacteria or viruses by attending Epic Gymnastics / Epic Flips and Fun LLC and that such exposure or infection may result in personal injury, illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 at Epic Gymnastics / Epic Flips and Fun LLC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Epic Gymnastics / Epic Flips and Fun LLC employees, volunteers, and program participants and their families. I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s or my attendance at Epic Gymnastics / Epic Flips and Fun LLC or participation in Epic Gymnastics / Epic Flips and Fun LLC programming.

Parent / Guardian Name: _____ Date: _____

Parent / Guardian Signature: _____

Epic Flips and Fun, LLC
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