

Flips & Fitness, LLC

2013 Membership Application

Please complete and sign both sides of this document. Incomplete and/or unsigned membership will not be processed and also result in no scheduling of classes.

Student Information

Last Name _____ First Name _____ Gender M / F

Date of birth _____ Age _____

Class Name _____ Class Day & Time _____ at _____ O'Clock

Class Name _____ Class Day & Time _____ at _____ O'Clock

Class Name _____ Class Day & Time _____ at _____ O'Clock

Parents Information

Father's Information

Name _____ Primary Email: _____

Address _____

Work Phone _____ Home Phone _____ Cell _____

Mother's Information

Name _____ Primary Email: _____

Address _____

Work Phone _____ Home Phone _____ Cell _____

Emergency Contacts

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Health Report

Please list any previous injuries, accidents, medical problems, or surgeries. Please include any restrictions to exercise.

Any Allergies? _____

Hospital of choice _____ Physician Name _____

Insurance coverage _____ Policy Number _____

How did you find out about Flips & Fitness? (This person will receive a \$10 referral credit) _____

I have received, read, and understand the waiver and release of liability form and current Flips & Fitness policies.

Parent Signature _____ Date _____

WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: FLIPS & FITNESS, LLC. IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON WHILE PRACTICING, TRAINING, TAKING CLASS, COMPETING, PARTICIPATING IN OPEN GYM, SPECIAL EVENTS, DEMONSTRATIONS, OR SHOWS, OR IN ANY OTHER WAY INVOLVED IN TUMBLING, GYMNASTICS, FITNESS, CHEERLEADING, DANCING, OR TEAMS AT FLIPS & FITNESS, LLC., FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF FLIPS & FITNESS, LLC., ITS OWNERS, OFFICERS, AGENTS, OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not-to-sue FLIPS & FITNESS, LLC and any of their employees, teachers, and coaches or agents, from any and all present and future claims resulting from ordinary negligence on the part of FLIPS & FITNESS, LLC., or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in tumbling, gymnastics, cheerleading, dancing, fitness, or any other activities or any activities incidental thereto, wherever, whenever, however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that tumbling, gymnastics, fitness, dancing, and cheerleading are vigorous sporting activities involving height and rotation in a unique environment and as such they pose a risk of injury. I understand that tumbling, gymnastics, dancing, and cheerleading, fitness, and related activities always involve certain risks, including but not limited to, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that the mats, pits, and other safety equipment and apparatus provided for my protection, including the active participation of a coach or teacher who will spot or assist in the performance of certain skills, may be inadequate to prevent serious injury. The risk of harm may be limited by all of the safety equipment and trained coaches, but never eliminated. I understand that participation in tumbling, gymnastics, fitness, dancing, cheerleading and related activities involves activities incidental to active participation in gymnastics, including moving from event to event, conditioning, stretching and other activities which may leave me vulnerable to the reckless actions of other participants who may not have complete control over their actions or who may not see other students in the gym. I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless FLIPS & FITNESS, LLC, and all others listed for any and all claims arising as a result of my engaging in or receiving instruction in FLIPS & FITNESS, LLC, activities incidental thereto, whenever, wherever, or however the same may occur.

I understand that this waiver is intended to be as broad and as inclusive as permitted by the laws of the state of Louisiana and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be within the state of Louisiana.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this for, I am giving up legal rights and or remedies which may be available to me for the ordinary negligence of FLIPS & FITNESS, LLC, or any person listed above.

Child's Name _____

Parents Signature _____ Date _____

Parents Signature _____ Date _____