



ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

As the parent or legal guardian of the above listed student I hereby consent to the above named person participating in the programs offered by Dance It Out, LLC/Flip It Out. I recognize that potentially severe injuries, including sprains, strains, broken bones, permanent paralysis, or death, can occur in any activity involving height or motion, including gymnastics. I UNDERSTAND AND ACCEPT THAT RISK. I have additionally communicated these risks to my child.

I further understand that while the payment of tuition constitutes a part of the consideration due to Flip It Out Studios, an additional and important part of this consideration due to Flip It Out is this signed release form.

Therefore, in consideration for allowing my child to use the Flip It Out Studio's equipment and facilities. I hereby release Dance It Out, LLC/Flip It Out's owners, employees, and instructors from all liability for any and all damage and injuries suffered by my child while under the instruction, supervision, or control of Flip It Out Studio, its owners, employees, or instructors.

As a parent or legal guardian of the aforementioned person, I hereby agree to individually protect the possible future medical expenses which may be incurred by my child as a result of injury sustained while training at, for, or under the direction of Dance It Out, LLC/Flip It Out. In addition, I confirm that my child has been examined by a physician who has cleared/him/her for unrestricted participation of these activities.

This acknowledgement of risk of waiver liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Signature

Date

Printed Name