



(208) 351-7295

email: [flipsgym2@gmail.com](mailto:flipsgym2@gmail.com)

General Release and Liability Waiver

Participant's Name: \_\_\_\_\_

Parent Name (if participant is under 18): \_\_\_\_\_

Phone number: \_\_\_\_\_

I am fully aware and appreciate the risks, including the risk of catastrophic injury, as well as other damages and losses associated with participation in gymnastics events. I hereby release Flips owners and employees from any and all action or claims which may occur by participating. I am also aware that Flips Gymnastics and Tumbling reserves the right to remove from their program any child who exhibits behavior that is deemed inappropriate by Flips' coaches and employees.

I have read and agree to the above terms.

\_\_\_\_\_  
Parent or Participant Signature Date



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