

Tumble Smart Athletics Ltd. Co.

Waiver/Release Form

(For participating in Open tumbling, birthday parties, and or camps/clinics at TSA)

Student(s): _____

Any activity involving motion or height creates the possibility of serious injury, including permanent paralysis and even death from landing or falling on the head or neck. Tumbling is accomplishing certain bodily movements and rotations while in the air or ground using specific tumbling mats. Tumbling, parkour and cheerleading include skills associated with landing and can involve risks from minor injuries such as sprains and pulled muscles to catastrophic injuries such as broken bones or life threatening injuries. No amount of instruction, spotting, or mats can guarantee safety.

I, _____, (parent/guardian or self if 18) have read and fully understand the above warning paragraph. I hereby give my permission for myself or the above named student(s) to participate in one or more of the Open Tumbplings, birthday parties, camps/clinics or any other activity with Tumble Smart Athletics and I assume the full responsibility for the possibility of any result of serious or catastrophic injuries. This includes involvement in any and all activity at TSA's facility.

In consideration for allowing myself or my child to participate at Tumble Smart Athletics, I hereby forever release Tumble Smart Athletics and its staff, directors, and/or any parent from any responsibility in case of accident, illness, or injury during his/her involvement at Tumble Smart Athletics. I authorize any treatment by any accredited hospital and/or physician deemed necessary in case of an emergency when parents cannot be reached. The following insurance carrier covers myself, my child or children (Only needed if parent/guardian will not be present during student's involvement at TSA):

_____ Policy # _____

And I understand that I am responsible for any medical expenses that may be incurred through my self's or my child's participation in any activity with Tumble Smart Athletics. I give permission for my self's or my child's photograph or video to be taken and used at the discretion of Tumble Smart Athletics for publicity or professional purposes to reward the student's participation. I have read all of the above WARNINGS AND RELEASE STATEMENT and agree to allow myself or my child to participate at Tumble Smart Athletics' facility.

X _____

Signature of Parent/Guardian or self if 18

Date

Parent's email _____

Number _____