Participant(s):_____ _____ _____

Name and Age **Name and Age** **Name and Age**

***LIST* Any Special Needs/Medical Conditions/Heart Conditions/Medications?** _____

_____

WAIVER AND RELEASE FORM

I recognize that severe injuries, including permanent paralysis or death can occur in sports or activities involving height or motion, those activities include but not limited to gymnastics, tumbling, trampoline, aerials, dance, cheerleading, wrestling, karate, soccer, private instruction classes, and fitness classes. Being fully aware of these dangers, I hereby give consent for my child (ren) and myself to participate in any and all Tumble Techs activities and programs at 27 A Law Drive Fairfield NJ and I ACCEPT ALL RISKS associated with this participation. I hereby understand that the Tumble Techs facility does not provide supervised child care services. I understand that myself or an arrangement will be made to pick up and drop off my child (ren) at the appropriate time. In consideration for my own or my child (ren)'s participation I hereby, for myself and my child (ren) and our respective heirs and successors PROMISE NOT TO SUE and FOREVER RELEASE Tumble Techs, its officers, directors, shareholders, employees, contractors and Volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence. I am aware that individual and group publicity photos and videos are taken from time to time and in consideration for my or my child(rens) participation I hereby grant my permission for my child's likeness to be used in Tumble Techs publicity and advertising. In the event of an accident or emergency I hereby authorize my child (ren) to be transported to a hospital for medical treatment and I hold Tumble and its representative harmless in the execution of such. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury sustained while participating at or for Tumble Techs. I have read and understand the ASSUMPTION OF RISK, WAIVER OF LIABILITY, PHOTO REALESE, MEDICAL AUTHORIZATION and REGISTRATION HANDBOOK and I VOLUNTARILY affix my name in agreement.

Guardian:_____ Date:_____

**** Phone #:_____**

****Email:_____**

Participant(s):_____ _____ _____

Name and Age **Name and Age** **Name and Age**

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Guardian:_____ Date:_____

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