FLIP FACTORY LIABILITY RELEASE

In the event of an emergency, I give my permission to Flip Factory to make the decision to obtain medical care.

I am fully aware that any activity involving motion or height creates the possibility of serious injury or even death and that any athletic activity has certain unavoidable risks.

I further agree to hold harmless Flip Factory, its teachers, staff and gym for any and all injuries resulting in expenses arising out of participation in the all activities.

I release and discharge any and all rights and claims against Flip Factory.

Participant's name_____ Date:_____

Parent/Guardian_____

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