

STUDENT WAIVER FORM

INTERACTIVE TTC
10418 Enterprise Dr
Redlands CA 92374
909-283-0929

It is recommended that you add all children so they may participate in Open Gym & other Special Events.

1. Student's Name _____ Age: _____ Sex: _____ DOB: _____

2. Student's Name _____ Age: _____ Sex: _____ DOB: _____

3. Student's Name _____ Age: _____ Sex: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Current School: _____ Grade: _____

Family E-mail: _____ How did you hear about us? _____

Parent #1: _____ Employer: _____ Work# _____ Cell: _____

Parent #2: _____ Employer: _____ Work# _____ Cell: _____

Are there any medical conditions we need to be aware of? _____

Insurance Provider and Policy # _____

ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, AND IDEMUNITY AGREEMENT

As Self or the parent/legal guardian of _____, I hereby consent to the above-named person participating in the programs offered by Interactive TTC.

By the very nature of the activity, trampoline, tumbling, cheer, cirque acrobatics, dance and acrobatics all carries a risk of physical injury including serious injuries such as broken bones, torn ligaments, paralysis and even death. No matter how careful the students and instructor, no matter how many staff members are supervising the activity, no matter how many precautions, safety equipment or other safeguards are employed, and no matter how many times the skill may have been performed perfectly, the risk cannot be eliminated. Reduced, yes, but never eliminated. The risk is inherent in all sports at all times and is inherent in activities offered at Interactive TTC.

I UNDERSTAND AND ACCEPT THAT RISK

In partial consideration for allowing my child to use Interactive TTC and equipment, I hereby forever release Interactive TTC, Wray & Associates Inc, Derek Wray, DRC INDUSTRIAL CBC I, LP, a Delaware limited liability partnership, DRC CBC 5, GP, LLC, a Delaware limited liability company and Southern California Real Estate Services, Inc., a California corporation. for any and all damage and injuries suffered by my child or self while under the instruction supervision, or control of Interactive TTC its owners, employees, or instructors.

As the parent or legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while participating in the activities of Interactive TTC or under the direction and supervision of its owners, employees or instructors. That acknowledgment of risk, waiver of liability, and indemnity agreement having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

X Signature _____ **Date** _____