



650 Lake Road South
Scottsburg, Indiana 47170

www.allstartumbling.com
812-752-7087
Est. Since 2001



Student Name: _____ Age: _____

Student Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother/Guardian: _____ Work Phone: _____ Cell/Pager: _____

Father/Guardian: _____ Work Phone: _____ Cell/Pager: _____

ASSUMPTION OF RISK, WAIVER OF LIABILITY

As legal guardian of the above named persons, I recognize that potentially severe injuries, including permanent paralysis can occur in sports or activities involving height or motion, including but not limited to tumbling, dance, cheerleading and trampoline. Being fully aware of these dangers, I voluntarily consent to the aforementioned persons participating in any and all program at All Star Tumbling. I ACCEPT ALL RISKS associated with that participation. In consideration for allowing my child to use this facility, I, on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, hereby CONVENANT NOT TO SUE and FOREVER RELEASE ALL Star Tumbling, its owners, employees or other representatives, whether paid or volunteer, from all LIABILITY for any and all damages or injuries suffered by my child, all family members including myself while on the premises and under the instruction, supervision or control of All Star Tumbling including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, or employees. I also give permission for photographs and videos of my child to be used in print or broadcast media as deemed appropriate for the promotion of any All Star Tumbling activities.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE

I confirm that my child is in good health and that I have medical insurance on my child and will provide coverage while he/she is enrolled. I hereby authorize simple first aid and consent to any X-ray, exam, and medical diagnosis that are deemed necessary in case of emergency. Additionally, I hereby agree to individually provide for all possible future medical expenses, which may be incurred by my child as a result of any injury sustained at All Star Tumbling.

Doctor's Name: _____ Phone No. _____

Special Medical Conditions: _____

Parent Signature: _____