

FLYING FROG ACADEMY PARTICIPATION FORM

This waiver is valid for one visit only.

To return, all students must register online at: www.flyingfrogacademy.com

Parent/Guardian Name (self if over 18): _____

Phone: _____ Email: _____

Would you like to join our email list? _____ How did you hear about us? _____

Student Name: _____ Trial Class or Event: _____

Student Name: _____ Trial Class or Event: _____

Student Name: _____ Trial Class or Event: _____

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

SPORTS PARTICIPATION CAN BE DANGEROUS. I recognize that participation in activities such as parkour, freerunning, gymnastics, tumbling and trampoline can result in severe injuries, including, but not limited to, death, serious neck and spinal injury, paralysis, brain damage and other serious injuries that may result in the serious impairment of future ability for myself, child and family to earn a living, engage in business, and generally enjoy life. ON BEHALF ON MYSELF AND MY CHILD(REN), I ACCEPT ALL SUCH RISKS. I am aware that photos and videos are taken from time to time for marketing and instructional purposes, and I hereby consent to their use by you.

I PROMISE NOT TO SUE, AND FOREVER RELEASE, Flying Frog Academy and its respective officers, directors, shareholders, employees, contractors, invitees, licensees and agents ("YOU") from all liability for damages and injuries incurred as a result of participation by my child(ren) or myself. This includes those injuries resulting acts of negligence by you.

In the event of an accident or emergency I AUTHORIZE MY CHILD(REN) TO BE TRANSPORTED TO A MEDICAL FACILITY FOR TREATMENT, at my cost, and will hold you harmless in your management of such accident or emergency. I agree to provide for all medical expenses which may be incurred by myself or my child(ren) as a result of any injury while on your premises or while under your care.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

(SELF IF OVER 18)