



It's a **Flipper's** birthday party!
Gymnastics

For: _____

Date: _____

Time: _____

Where: Flipper's Gymnastics, 69 Orchard Street, Ramsey, NJ 07446



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RELEASE OF LIABILITY

PARTICIPANT'S NAME: _____

I absolve and hold harmless Flipper's Gymnastics, its employees, officers or agents from any liability which may result from my participation or that from any minor in my legal custody, in the above activity.

If the participant is a minor, I also give my permission for his/her participation in the above activity, and for any necessary medical treatment. I understand Flipper's Gymnastics has no obligation to supervise my child(ren) at the close of the above activity, and I release Flipper's Gymnastics, its officers, employees and agents from liability resulting from any lack of supervision of child(ren) at the close of the above activity. Participants involved in Flipper's Gymnastics programs/activities may be photographed and such photographs may be used to publicize Flipper's Gymnastics programs/activities.

Parent/Guardian Signature: _____

Printed Name: _____

Cell phone number: _____



69 Orchard Street, Ramsey, NJ 07446
201-327-FLIP
flippersgym@outlook.com
<http://www.flippergymnastics.com>

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