1. READINESS TO COMPETE: I will only participate in those USA Gymnastics competitions for which I believe I am physically and psychologically prepared to compete or participate. Prior to participation in USA Gymnastics events, I will have practiced my exercises/duties and will perform only those exercises/duties which I have accomplished to the degree of confidence necessary to assure I can perform them by myself and without injury to myself or others.

2. WAIVER AND RELEASE: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses associated with participation in a gymnastics event. I release USA Gymnastics, the Host Organization, and sponsor(s) of any USA Gymnastics sanctioned event or assigned travel, along with the employees, officers and directors of these organizations (collectively the "Released Parties"), from any claims, losses or damages arising from or in any way connected with my participation in the event, including claims, losses or damages arising from or occurring as a result of the negligence of any one of the Released Parties, but not including claims, losses or damages occurring as a result of the intentional or reckless conduct of any one of the Released Parties.

3. CONSENT TO TREAT OR RECEIVE MEDICAL ATTENTION: I hereby give my consent to any x-ray examination, anesthetic, medical or surgical evaluation, diagnosis or treatment that may be rendered under the general or specific instructions of the USA Gymnastics medical personnel, whether such diagnosis or treatment is rendered at a licensed hospital, clinic or doctor’s office.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care deemed advisable or necessary under the circumstance.

It is understood that in case of an emergency that reasonable efforts shall be made to contact the undersigned parent/guardian, in the case of a minor, or emergency contact in the case of all others, prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned parent/guardian or contact cannot be reached.

Emergency Contact Information:
Contact Name: _________________________________________________   Contact Phone: ___________________________________________
Contact Name: _________________________________________________   Contact Phone: ___________________________________________

4. INSURANCE INFORMATION:
Primary:
Name of Insured: _________________________________________________   Medical Insurance Provider: _______________________________
Policy Number: _______________________  Group Number: ________________  Med Insurance Co Phone: ______________________________

Secondary (if applicable):
Name of Insured: _________________________________________________   Medical Insurance Provider: ______________________________
Policy Number: _______________________  Group Number: ________________  Med Insurance Co Phone: ______________________________

This waiver, release and consent shall remain effective until revoked in writing and delivered to USA Gymnastics, 130 E. Washington St., Suite 700, Indianapolis, Indiana 46204.

By the execution hereof I do further bind myself, my child or legal ward & all heirs, executors, administrators, successors or assigns of same.

SIGNATURE OF PARTICIPANT:
Signature: __________________________________________________________
Name (printed): ______________________________________ Date: ________________

ADDITIONAL SIGNATURE FOR PARTICIPANT UNDER THE AGE OF 18
Parent/Legal Guardian Signature: __________________________________________
Parent/Legal Guardian (printed): __________________________________________
Photo/Video Release

For USA Gymnastics to specifically use you/your photographs/images/videos in educational or training materials, USA Gymnastics requires you/parent or legal guardian to complete and sign this Release.

I, _______________________, understand that USA Gymnastics will photograph/video and I [or my parent/guardian] grant permission for USA Gymnastics, in any and all formats or media, to:

1. Use my photograph, video, image, likeness, appearances and gestures to reproduce and create derivative works for use in USA Gymnastics educational, training, or publication materials that are created and disseminated at any time in the future. At no time will an athlete be identified by name.

2. For the purposes of education and training, USA Gymnastics may also distribute, publicly display and sell the educational and/or training materials in which USA Gymnastics uses my images, and use the photos/videos in any new or currently unidentified educational and training materials, lectures and demonstrations at its events, exams and programs.

All permissions granted by me [my parent/guardian] shall apply to USA Gymnastics and its assignees, contractors, sub-licensees, distributors, media partners, successors, and agents.

This Release does not grant USA Gymnastics permission to sell the rights to my/my daughter’s images/videos to a third party or to use such images for any commercial purpose.

I have read and understand this Release.

Athlete Name _______________________________ Club Name ___________________

Signature: _______________________________ Date: ___________________

If athlete is under the age of 18, must be signed by parent/guardian
CAMPER INFORMATION & ADULT RELEASE FORM

**ADULT CAMPER:** First Name: __________________________ MI: __ Last Name: __________________________

Employer (that provides insurance):

____________________________________________________

Company Billing Address: Street # and Name:

____________________________________________________

City: ___________________________ State: ___ Zip Code: ___________________________

Home Phone: ___________________________ Other / Cell Phone: ___________________________

Work Phone: ___________________________ Emergency Phone: ___________________________

Emergency Name: ___________________________ E-Mail Address: ___________________________

Birth date: mo______ day_____ yr_____

Health Ins. Co.: ___________________________ Policy Number: ___________________________

Group Number: ___________________________ Health Co. Number: ___________________________

Any **intolerance/allergy** to drugs and medication:

____________________________________________________________________________________

____________________________________________________________________________________

Any **food allergy**:

____________________________________________________________________________________

____________________________________________________________________________________

Any previous/current illness, condition, or injury the camp’s staff should be aware of:

____________________________________________________________________________________

____________________________________________________________________________________

My child is allowed to be given **Tylenol and/or Motrin** for pain: check: **YES** or **NO**

Signature of Parent or legal Guardian: X________________________ Date:____________________

BE SURE TO ALSO SIGN THE BACK OF THIS SHEET!
Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I
(hereinafter "Participant"), am a willing participate in Athletic and Related Activities (hereinafter “Activities”), to be conducted by Flip Fest Properties, LLC. I, in my own behalf, further agree to release and to hold harmless Flip Fest Properties, LLC on whose premises the activities will occur (hereinafter the "Location") the affiliates of Flip Fest Properties, LLC and the respective directors, officers, representatives, members, agents and employees of Flip Fest Properties, LLC and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Activities, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that may incur or be sustained during the Activities and while traveling to and from the Location whether or not the Activities actually occur. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by myself or by any other persons on the account of damages of any character resulting to myself in any way from the foregoing Activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf am aware this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Activities occur. I have signed this document voluntarily and of my own free will.

Signature of Participant: X __________________________ Date: __________________________

Medical Release. I acknowledge and agree that such participation subjects Participant to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I acknowledge I am assuming the risk of such illness or injury by participating in the Activities. In the event of such illness or injury, I authorize Flip Fest Properties, LLC to obtain necessary medical treatment and hereby, in my own behalf, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred for any illness or injury I may sustain during the Activities and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

Signature of Participant: X __________________________ Date: __________________________

Appearance Agreement. I understand that Flip Fest Properties, LLC from time to time produce promotional material relating to its programs. I understand as a participant and/or a spectator that I may be included in videotapes or photographs taken during the Activities. Therefore, without reservation or limitations, I hereby assign, transfer and grant to Flip Fest Properties, LLC, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape me and to utilize such videotapes and photographs and my name, face likeness, voice and appearance as part of the Activities, in advertising and promoting the Activities or advertising and promoting similar Activities. I further understand that neither Flip Fest Properties, LLC nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Signature of Participant: X __________________________ Date: __________________________
CAMPER INFORMATION & MINOR RELEASE FORM

**MOTHER:** First Name: ___________________________ MI: _____ Last Name: ___________________________

**FATHER:** First Name: ___________________________ MI: _____ Last Name: ___________________________

Employer (that provides insurance):

______________________________________________________

Company Billing Address: Street # and Name:

______________________________________________________

City: ___________________________ State: ______ Zip Code: ___________________________

Home Phone: ___________________________ Other / Cell Phone: ___________________________

Work Phone: ___________________________ Emergency Phone: ___________________________

Emergency Name: ___________________________ E-Mail Address: ___________________________

**CHILD:** First Name: ___________________________ MI: _____ Last Name: ___________________________

Birth date: mo____ day____ yr____

Health Ins. Co.: ___________________________ Policy Number: ___________________________

Group Number: ___________________________ Health Co. Number: ___________________________

Any **intolerance/allergy** to drugs and medication:

_____________________________________________________________________________________

_____________________________________________________________________________________

Any **food allergy**:

_____________________________________________________________________________________

_____________________________________________________________________________________

Any previous/current illness, condition, or injury the camp’s staff should be aware of:

_____________________________________________________________________________________

_____________________________________________________________________________________

My child is allowed to be given **Tylenol and/or Motrin** for pain: check: **YES** or **NO**

Signature of Parent or legal Guardian: X________________________ Date:________________________

BE SURE TO ALSO SIGN THE BACK OF THIS SHEET!
Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I__________, as parent or legal guardian of__________, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in Athletic and Related Activities (hereinafter “Activities”), to be conducted by Flip Fest Properties, LLC. I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless Flip Fest Properties, LLC on whose premises the activities will occur (hereinafter the "Location") the affiliates of Flip Fest Properties, LLC and the respective directors, officers, representatives, members, agents and employees of Flip Fest Properties, LLC and their respective affiliates (hereinafter collectively "Releasees") from any and all liability whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Activities, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) Minor may incur or sustain during the Activities and while traveling to and from the Location whether or not the Activities actually occur. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing Activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand.

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Liability Release constitutes a guarantee that the Activities occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: X_____________________________ Date:_____________________________

Medical Release. I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the Activities. In the event of such illness or injury, I authorize Flip Fest Properties, LLC to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Activities and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

Signature of Parent or Legal Guardian: X_____________________________ Date:_____________________________

Appearance Agreement. I understand that Flip Fest Properties, LLC from time to time produce promotional material relating to its programs. I understand as a participant and/or a spectator, that Minor may be included in videotapes or photographs taken during the Activities. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to Flip Fest Properties, LLC, its successors, assigns, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as part of the Activities, in advertising and promoting the Activities or advertising and promoting similar Activities. I further understand that neither Flip Fest Properties, LLC nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Signature of Parent or Legal Guardian: X_____________________________ Date:_____________________________