

Enrollment & Liability Waiver Form
TumbleVille Studios
www.tumblevillestudios.com
Summer 2010

Enrollment:

Class Dates (*please circle*) July 13th/15th, July 20th/22th, July 27th/29th

Aug. 3rd/5th, Aug. 10th/12th **and/or** Aug. 17th/19th.

Waiver:

(Please Print Child's name) Name _____ DOB _____
Address _____ City _____ Zip _____
Phone _____ Other phone _____
E-mail _____
Emergency Contact _____ Phone _____

1. I will faithfully follow all instructions given by you. I will participate with the group and rest as needed.
2. I verify that I have full knowledge of any risks and that I am capable of participating in tumbling class without endangering myself.
3. I understand that at all times in the tumbling class I am responsible for myself and will treat my body with respect.
4. I will not hold Gail Bruner, your partners, affiliates, instructors or employees responsible for any injuries suffered by me while in your tumbling class or on your premises.
5. I have been examined by a licensed physician within the past six months and have been found by such physician to be in good physical health and fully able to perform all tumbling exercise which I am to learn and perform during my enrollment with you.
6. I understand that minors under the age 18 are required to obtain parental/guardian consent.

Please list any physical conditions, illnesses or medications:

Signature of Parent or Guardian Date

 All class participants must sign a waiver form as part of their registration.
Checks can be mailed to: 9509 SW 4th Ave. Portland, OR 97219