

**Enrollment & Liability Waiver Form**  
**TumbleVille Studios**  
**www.tumblevillestudios.com**  
(Duniway School students)

**Enrollment:**

Class Date *(please circle)* Jan. 5<sup>th</sup>-Feb. 23<sup>rd</sup>, March 2<sup>nd</sup>-May 11<sup>th</sup>

Class Time *(please circle)* 3:05-4:00pm, 4:05-5:00pm

**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 4<sup>th</sup> Ave. Portland, OR 97219

You can leave a check to TumbleVille Studios in the Duniway office, please attach your completed enrollment & liability waiver form.

TumbleVille Studios does not discriminate on the basis of race, color, sex, age, disability, national origin, or citizenship.