

SPECIAL EVENT PERMISSION SLIP

Child's Name _____ Age _____

Phone # _____ (During event)

Who's dropping your child off? _____

Who's picking your child up? _____

Emergency Contact _____

IF SOMEONE ELSE HAS PERMISSION TO PICK UP YOUR CHILD:

I give _____ my permission to pick up my child from the event.

Parent's Signature _____ Date _____

I am fully aware of and acknowledge that my child, the student named above, will participate in activities involving height, motion and/or physical contact where there is risk of injury to the student. These activities may consist of tumbling, jumping, aerial stunts, stretching and the use of acrobatic equipment commonly utilized in gymnastic activities, Karate or Cheerleading.

I know of no impairment that would affect or be affected by my child's participation in any Ocean Tumblers, Inc. activity, and I agree to notify Ocean Tumblers, Inc. in writing if I learn that my child has or incurs any such impairment.

I, the undersigned parent(s) or guardian(s) of _____, the student named above, in consideration of Ocean Tumblers, Inc. accepting the student, hereby agree to release, indemnify and save harmless Ocean Tumblers, Inc., its employees, agents, officers and directors against all claims, judgments or demands for damages occurring as a result of injuries sustained by the student named above during or as a result of any course given the student by Ocean Tumblers, Inc. or during or as a result of any event or other activity sponsored by or participated in by Ocean Tumblers, Inc.

By my signature below, I attest that I am authorized to give consent for the Student's participation in Ocean Tumblers, Inc.'s courses, programs and activities.

Printed Name of Parent or Guardian

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Signature of Parent or Guardian

Date of Event

Payment method and amount