



Shop 101 Savannah Place
3 Chi Shin Street. Tseung Kwan O

P: Phone Number

Email: info@flippingkids.com

Website: <https://www.flippingkids.com/>

Waiver

- All participants should notify the academy in writing of any medical conditions(s) of themselves that might affect or jeopardize their class activities. In the class that a participant is injured or requires medical attention during the class and the relevant person and/or parent/guardian is not available to arrange appropriate medical attention, consent from the parent/guardian is hereby extended the participant will be treated by a medical practitioner at the coach or Academy staff deems appropriate. The participant and/or the parent/guardian accepts full responsibility for any such medical treatment including all charges or expenses incurred.
- I also accept that the Academy, its representatives, coaches, and employees, will not be responsible for any liability whatsoever arising out of any accident or injury to participants or to any other person, or for loss of, or damage to any property within the Academy.
- The Academy reserves the right to cancel and/or change coaches, time & venue of any event, class, or course.
- I have carefully read the above terms and conditions and fully understand and will adhere to all Flipping Kids policies. I signed this document with full knowledge of its content and significance.

I **DO/DO NOT** give permission for my child/children photos /videos to be used on our social media/website for promotional purposes.

Child/Children's Name _____

Adult/Parent/Guardian Name: _____

Adult/Parent/Guardian Signature: _____

Date: _____

FOR OFFICE USE				
Staff	Received Date & Time	Cheque	Confirmed by	Confirmed Date