

**Enrollment & Liability Waiver Form - Tumbling**  
**Callikinetics - Gail Bruner**  
[www.callikinetics.com](http://www.callikinetics.com)  
503-841-1460

**Enrollment Waiver:**

(Child's name) Name \_\_\_\_\_ Adult's Name \_\_\_\_\_  
Mobile Phone \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Class Room Teacher \_\_\_\_\_ Grade \_\_\_\_\_  
Pick Up Person/People \_\_\_\_\_

DAS on Tumbling Day, *please* mark Yes \_\_\_\_\_ No \_\_\_\_\_

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: Gail Bruner, 9509 SW 4<sup>th</sup> Ave. Portland, OR 97219 or left in the office at Duniway School OR make a payment using Paypal. Paypal link at [www.callikinetics.com](http://www.callikinetics.com)

Callikinetics does not discriminate on the basis of race, color, sex, age, disability, national origin or citizenship. Due to inclement weather make up classes will be provided. No refunds.