

Experience Tricking | Refund & Exchange Policy

Event Tickets

- Event tickets are fully refundable (less transaction fees) before the final registration deadline.
- After the registration deadline, tickets will be refunded at 50% of the original price (less transaction fees) in cash/credit and 50% in store credit for merchandise or future ticket purchases. Store credit does not expire.

Merchandise Returns & Exchanges

- Customers may return any unused merchandise during the event.
- Returns must be made in person during store hours.
- Returns are processed only by pop-up team members, not coaches or other employees.
- Merchandise must be unworn and undamaged in its original packaging. Merchandise may not be returned after use during the event.
- Refunds will be processed according to original payment methods. Please allow 3-5 business days for debit/credit to process.
- Event T-shirts, pre-ordered merchandise, and pop-up purchases may be exchanged at the registration table, availability permitting.

WAIVER OF LIABILITY - EXPERIENCE TRICKING

This agreement releases **Experience Tricking LLC HEREFTER, EXPERIENCE TRICKING** and **SAMANTHA LEE ENTERPRISES LLC HEREFTER, EXPERIENCE TRICKING MANAGEMENT**, from all liability relating to injuries that may occur during EXPERIENCE TRICKING. By signing this agreement, I agree to hold **EXPERIENCE TRICKING AND EXPERIENCE TRICKING MANAGEMENT** entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in TRICKING. These include but are not limited to injury to head, face, eyes and mouth, broken bones, spinal and neck injury, injury to internal organs of my body, injury to soft tissue such as cartilage, tendons, muscle, and skin, or even

death. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against EXPERIENCE TRICKING AND EXPERIENCE TRICKING MANAGEMENT for any reason. In return, I will be able to attend Experience Tricking, I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

VIDEO/PHOTO RELEASE

I hereby authorize and grant permission to **EXPERIENCE TRICKING LLC AND SAMANTHA LEE ENTERPRISES LLC HEREAFTER, EXPERIENCE TRICKING MANAGEMENT** to reproduce my child's photographic or video image. I agree that such reproduction may be edited as desired and used in whole or in part for any and all print, audio-visual, multimedia, online, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world. I understand that I have no rights to any benefits derived therefrom. I recognize that I have the right to enter into the Agreement and that my rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity. I agree to indemnify and hold harmless **EXPERIENCE TRICKING AND EXPERIENCE TRICKING MANAGEMENT** from and against all claims, losses, expenses and liabilities of every kind including reasonable attorney's fees, arising out of the inaccuracy or breach of any provision of this Agreement. I expressly release **EXPERIENCE TRICKING AND EXPERIENCE TRICKING MANAGEMENT** from any and all claims arising out of the use of my child's photographic or video image. This Agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by the parties in writing.

WAIVER OF LIABILITY - COVID-19

This agreement releases **EXPERIENCE TRICKING, EXPERIENCE TRICKING MANAGEMENT, and ALL STAR GYMNASTICS** from all liability relating to exposure to COVID-19 that may occur during EXPERIENCE TRICKING. By signing this agreement, I agree to hold **EXPERIENCE TRICKING, EXPERIENCE TRICKING MANAGEMENT, and ALL STAR GYMNASTICS** entirely free from any liability, including financial responsibility for health issues experienced related to viruses such as COVID-19. I agree to follow all requirements and guidelines for managing the risk of spread of COVID-19 at EXPERIENCE TRICKING.

WAIVER OF LIABILITY - ALL AMERICAN FLAMES GYMNASTIX

ALL AMERICAN FLAMES GYMNASTIX, LLC – REGISTRATION FORM

Return by Fax 810-984-3961, Mail 2915 Lapeer Rd. Port Huron, MI 48060 or deliver to All American Flames Gymnastix before class participation begins

PARENT / GUARDIAN BILLING INFORMATION ★ ★ ★ ★ ★					
PLEASE PRINT CLEARLY					
FIRST NAME _____		LAST NAME _____		EMAIL _____	
ADDRESS _____		CITY _____		STATE _____ ZIP _____	
PHONE _____		CELL _____		WORK _____	
EMERGENCY CONTACT (IF PARENT IS UNAVAILABLE) _____				PHONE _____	
HOW DID YOU HEAR ABOUT US? _____					
Registration Is Not Complete Without Full Payment. No class participation without full payment.					

STUDENT INFORMATION ★ ★ ★ ★ ★					
PLEASE COMPLETE ALL FIELDS CLEARLY					
STUDENT NAME _____		BIRTHDAY _____		CLASS _____ DAY _____ TIME _____	
SPECIAL MEDICAL RESTRICTIONS/ALLERGIES _____					
STUDENT NAME _____		BIRTHDAY _____		CLASS _____ DAY _____ TIME _____	
SPECIAL MEDICAL RESTRICTIONS/ALLERGIES _____					

WAIVERS ★ ★ ★ ★ ★					
<p>ASSUMPTION OF RISKS/WAIVER OF LIABILITY: As the legal guardian of the above mentioned person(s), I am fully aware of the potential dangers, including permanent paralysis or death, which can occur in any sport or activity involving height or motion. I am fully aware that these "height or motion" activities are inherent to the programs of All American Flames Gymnastix, LLC, and I voluntarily ACCEPT ALL RISKS and give my consent for my child(ren) to participate. I further recognize that the above mentioned person(s) is/are qualified, in good health, and in proper physical condition to participate in any and all programs offered by All American Flames Gymnastix, LLC. These programs include, but are not limited to, gymnastics, tumbling, trampolines, inflatables and cheerleading. IN CONSIDERATION FOR BEING ALLOWED TO USE THE FACILITIES OPERATED BY ALL AMERICAN FLAMES GYMNASTIX, LLC, I HEREBY AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS ALL AMERICAN FLAMES GYMNASTIX, LLC, ITS AGENTS, OWNERS, OFFICERS, DIRECTORS, PRINCIPALS, VOLUNTEERS, PARTICIPANTS, CLIENTS, CUSTOMERS, INVITEES, EMPLOYEES, INDEPENDENT CONTRACTORS, INSURERS, FACILITY OPERATORS, LAND AND/OR PREMISES OWNERS, AND ANY AND ALL OTHER PERSONS AND ENTITIES ACTING IN ANY CAPACITY ON ITS BEHALF (COLLECTIVELY "FLAMES") FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES OR DAMAGES OF ANY KIND EXPERIENCED, REGARDLESS OF FAULT, BY ME, BY ANY OF MY CHILDREN, BY ANY MINOR WARDS FOR WHOM I AM RESPONSIBLE, OR ANY CHILDREN THAT I HAVE BROUGHT TO FLAMES, ARISING FROM OR RELATING IN ANY WAY TO THEIR PRESENCE OR PARTICIPATION IN ANY ACTIVITY(S) AT FLAMES. THIS AGREEMENT TO INDEMNIFY AND HOLD HARMLESS SHALL INCLUDE BUT NOT BE LIMITED TO ANY ATTORNEY'S FEES, LITIGATION EXPENSES, DAMAGES AND/OR JUDGMENTS FLAMES INCURS DEFENDING AN ACTION BROUGHT BY ME, BY ANY OF MY CHILDREN, BY ANY MINOR WARDS FOR WHOM I AM RESPONSIBLE, OR ANY CHILDREN THAT I HAVE BROUGHT TO FLAMES. I FURTHER AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS FLAMES FOR ANY INJURY, DAMAGE AND/OR HARM THAT MAY BE CAUSED BY ME, BY ANY OF MY CHILDREN, BY ANY MINOR WARDS FOR WHOM I AM RESPONSIBLE, OR ANY CHILDREN THAT I HAVE BROUGHT TO FLAMES.</p> <p>PERMISSION TO TREAT: I acknowledge that All American Flames Gymnastix, LLC, staff members are not physicians or medical practitioners. I grant permission to All American Flames Gymnastix, LLC, staff members to provide temporary first aid in the event of injury or illness, and if deemed necessary to seek medical help including calling of an ambulance for the above mentioned person(s). I acknowledge that the above mentioned person(s) are in good health and have adequate medical insurance coverage while enrolled at All American Flames Gymnastix, LLC. I agree to provide for all medical expenses incurred by my child as a result of any injury sustained during participation at All American Flames Gymnastix, LLC.</p> <p>PERMISSION TO USE PHOTOS: I grant permission to All American Flames Gymnastix, LLC, to use photographs and videos of my child for use in print or broadcast media as deemed appropriate for the promotion of All American Flames Gymnastix, LLC.</p>					

SIGNATURE _____ DATE _____

PRINT NAME _____

ALL AMERICAN FLAMES GYMNASTIX, LLC – ADULT WAIVER FORM

Return by Fax 810-984-3961, Mail 2915 Lapeer Rd. Port Huron, MI 48060 or deliver to All American Flames Gymnastix before class participation begins

ADULT BILLING INFORMATION		★	★	★	★	★	★
PLEASE PRINT CLEARLY							
FIRST NAME _____		LAST NAME _____					
ADDRESS _____		CITY _____		STATE _____		ZIP _____	
PHONE _____		CELL _____		WORK _____			
EMERGENCY CONTACT _____				PHONE _____			
EMAIL _____							

ADULT WAIVERS		★	★	★	★	★	★
<p>RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT: In consideration of participating in the All American Flames Gymnastix, LLC, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.</p> <p>I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the Activity.</p> <p>I hereby release, discharge, and covenant not to sue All American Flames Gymnastix, LLC, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescuer operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.</p> <p>I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.</p>							

SIGNATURE _____ **DATE** _____

PRINT NAME _____