

Twisters Gymnastics

This student has my approval to participate in Tumbling/Gymnastics activities. I understand that like all physical activities, participation in gymnastics carries with it a reasonable degree of risk and agree that neither Twisters Gymnastics, nor its officers, directors, operators, agents, or instructors may be held liable in any way for any occurrence in connection with my student's participation in gymnastics which may result in serious injury or death or damages to me or my family, heirs, or assigns. In consideration of being allowed to participate in such gymnastics, I further assume all risks in connection therewith, whether foreseen or unforeseen, and further to save and hold harmless such corporation, its officers, directors, operators, agents or instructors for any claim by me, my family, estate, heirs or assigns arising out of such participation. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN TWISTERS GYMNASTICS AND ME, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Parent Name _____ Student Name _____ Student Birth Date _____

Email address _____ Phone _____

Mailing address _____ City _____ Zip _____

Signed _____ Date _____