

Twisters Gymnastics Birthday Party Waiver and Photo Release

This student has my approval to participate in birthday party activities at Twisters Gymnastics. 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 other 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 understand that I and/or my child may be photographed and I give consent for the use of photos to publicize Twisters Gymnastics. 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.

I, as parent or guardian of _____ birth date: _____, give my permission for him or her to participate in gymnastics, and in consideration of his or her participation, agree individually and on behalf of him or her to the terms of the above agreement and release of liability. Twisters Gymnastics has permission to secure medical attention if I cannot be reached immediately.

Parent Name: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

SIGNED _____ DATE _____