

Twister Sports Parents' Night Out

RELEASE AND WAIVER OF LIABILITY AGREEMENT

STUDENT INFORMATION

NAME _____ AGE _____ D.O.B _____ / _____ / _____ GENDER _____
ADDRESS _____ CITY/STATE _____
Phone # _____

PARENT/GUARDIAN

NAME _____
CELL # _____
EMAIL _____

EMERGENCY CONTACT

NAME _____
CELL # _____
RELATIONSHIP _____

MEDICAL INFORMATION

Please list any physical/psychological limitations, injuries, weaknesses or allergies that may affect the students participation:

DOCTOR'S NAME _____ DOCTOR'S PHONE # _____

CHILD INFORMATION

Please list anything we might need to know about your child (separation anxiety, potty training, etc.)

THIS IS A LEGAL AND BINDING DOCUMENT. IF YOU DO NOT UNDERSTAND THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF A LAWYER OF YOUR CHOICE.

I, the parent or legal guardian of the above named student hereafter referred to as "student" do hereby permit the "student" to participate in bounce houses, gymnastics, tumbling, cheerleading, trampoline, or any other physical activities at Twister Sports here after referred to as Twisters. By granting permission for "student" to participate in programs at Twisters, I assume full responsibility for "student's" personal safety and release Twisters, its supervisors and employees from any and all liabilities that may arise due to any injury including death to "student" by reason of "student's" participation in any activity at Twisters or in which Twisters is participating elsewhere. I understand there is personal risk involved in any activity that involves motion, height or rotation and that these risks could result in injuries which include but are not limited to, physical or emotional injury, paralysis, death, or damage to participants, to property, or to third parties. I declare "student" has been seen by a physician and is cleared to participate in physical activities such as gymnastics, cheerleading, trampoline and tumbling. In the event of an emergency, I would like the above mentioned "student" to be taken to a hospital or appropriate medical emergency clinic or medical office for medical treatment and I hold Twister Sports, and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually assume all financial responsibility for injuries, damages or property damages associated with the risks of the child's participation at Twister Sports. I assume financial responsibility for: (1) any injury to my child including medical costs and expenses incurred for treatment of the child resulting from the child's participation in the activities of Twister Sports, and I assume financial responsibility for: (2) damage to property and injuries to others incurred by, caused by or resulting from the child's participation in the activities of Twister Sports. I authorize Twisters to use photographs, video and/or other likenesses of "student" for use in Twisters promotional materials or sales and waive any rights of compensation or ownership thereto. No refunds will be given for individual or family cancellations.

PARENT/GUARDIAN NAME (PRINT) _____ DATE: _____

PARENT/GUARDIAN SIGNATURE _____