

Twister Sports Waiver of Liability Release Form

I am aware of the nature of this activity and I hereby assume responsibility for the participant listed above to participate. I acknowledge that , while not common, any activity that involves height and motion (such as tumbling and gymnastics) involves risk of injury ranging from minor (bruises and sprains) to more serious and catastrophic injuries. I will not hold Central Missouri Twisters, A.K.A. Twister Sports, or its employees responsible in the case of accident or injury as a result of participation. I understand that this completed form must be in the possession of Central Missouri Twisters prior to participation in this program. If, at any point, I have a question or a concern regarding the safety of my child or the intent of the program, I will contact the owner, manager or instructor immediately. I also allow the participant to be photographed for publicity purposes.

Child's Name: _____ Age: _____

Parent/Legal Guardian Signature: _____ Date: _____

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