

Northern Twistars Gymnastics, Inc.

LIABILITY WAIVER and PARENTAL CONSENT

Child's Name: _____
(print)

Parent/Legal Guardian: _____
(print)

- _____ 1. *I fully understand that my child named above will be participating in the sport of gymnastics, cheer and ninja kids. Gymnastics, cheer and ninja kids instruction involves physical activities and fitness exercises in which serious injury can result. I fully understand the nature of this type of activity.*
- _____ 2. *I hold harmless the owners and instructors from any and all claims, demands, liabilities, actions and causes of action arising from or related to instruction, exercise programs or activities, of whatsoever kind of nature, provided or recommended.*
- _____ 3. *I have read and fully agree to adhere to all terms and conditions of all the policies and procedures state and posted by Northern Twistars Gymnastics, Inc.*
- _____ 4. *I agree to read, explain and review all the safety rules to my child named above to ensure proper understanding and safety of your child while in the gym.*
- _____ 5. *I fully understand that staff members of Northern Twistars Gymnastics, Inc. are not physicians or medical practitioners of any kind.*

In the event of any injury or illness, I hereby release Northern Twistars Gymnastics, Inc. staff to provide temporary first aid to my child and, if deemed necessary by staff members, to call our doctor and to seek professional medical help, which may include transportation by staff members and or its representatives, whether paid or volunteer, to any health care facility or the calling of an ambulance for said child.

By signing below, you are in agreement and are fully aware of all dangers of participating in these activities. You hereby accept these risks and agree to waive any claims or rights that you may otherwise have to bring action or suit upon staff members, volunteers and owners of Northern Twistars Gymnastics, Inc. You also acknowledge the child names above is voluntarily participating in these activities and is in good health and proper physical condition to participate. You also agree to release medical information and be held responsible to update any changes on record of said child listed above.

Parent/Legal Guardian: _____ Date: _____
(signature)