



# TWISTERS GYMNASTICS

385-A FRANKLIN AVE

ROCKAWAY NJ 07866

P. (973) 627-3276 F. (973) 627-3255

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## WAIVER/RELEASE OF LIABILITY

I, \_\_\_\_\_, (child's name) a participant of TWISTERS GYMNASTICS OPEN GYM, understand that various expected activities including, but not limited to gymnastics, sports, and competitive play are regular activities of the gym, and that each should be considered HAZARDOUS activities. I also recognize that there are risks inherent in each of these and other activities despite any supervision and safety equipment.

The above participant hereby agrees to indemnify and hold harmless Twisters Gymnastics Inc., its coaches, officers, directors, agents, and employees against any liability resulting from injuries that may occur to the participant during scheduled gym activities. The participant also agrees to indenify Twisters Gymnastics Inc. for any damages incurred arising from any claims, demands, action or cause of action by the participant.

The participant authorizes any representative of Twisters Gymnastics, Inc. to have the participant treated in any medical emergency during their participation in said activities. Further, the Parent/Guardian agrees to pay all costs associated with medical care and transportation of the participant.

Any medical or health problem have been disclosed to Twisters Gymnastics Inc.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE.**

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Participant Signature/ Parents Signature (Anyone under the age of 18)

Date

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