

Twisters Gymnastics
 Birthday Party/ Parents Night Out
 Waiver/Release Form

Name of Child:	DOB:	
Address:		
City:	State:	Zip:
Home Telephone:		
Cell or Pager Mom:	Dad:	
Parents Names:		
Emergency Contact Name:		
Emergency Contact Phone:		

Parent/Guardian Waiver Release Form: I fully understand that Twisters Gymnastics Staff members are not physicians or medical practitioners of any kind. With that in mind, I hereby release Twisters Gymnastics to render temporary first aid to my child in the event of any injury or illness, and if deemed necessary by the Twisters staff to seek medical help and/or call an ambulance. You agree that you are aware that your son/daughter will be engaging in physical exercise involving sports and fitness, which could cause injury to them. You agree that your son/daughter is voluntarily participating in these activities and is assuming all risks of injury that might result. You hereby agree to waive any claims or rights that you might incur as a result of these activities. Twisters Gymnastics will make no evaluation or recommendation whether your son/daughter is physically fit for any physical activity. If your son/daughter has any physical condition that may impair his/her ability to engage in the activities, it is your responsibility to obtain a physician's statement describing any limitation to participate in this program. It is always advisable to consult a physician prior to undertaking any physical exercise program.

Signature: _____ Date: _____

****What to wear:** Shorts, sweat pants, t-shirts. Please do not wear clothing with buckles, snaps or zippers. No watches or jewelry allowed on floor.