



# Tropical Twisters Waiver Form

Parent(s) / Guardian's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell/Work Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Notes:

## Acknowledge of Risk and Waiver of Liability Please Read Before Signing!

*Waiver:* To the best of my knowledge, my child(ren) is/are now in good health and physically capable of participation in the programs offered by Tropical Twisters Gymnastics (TTG) and Get Twisted LLC. (GT). I will not bring my child(ren) for his/her lesson if suffering from any respiratory, infectious or contagious illness or disease. I understand that if such an illness is apparent, my child(ren) will be removed for class for that day. I recognize that severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, trampoline, tumbling, dance, party games and activities. In any event your child may require medical assistance, at my own expense. I Expressly agree and promise to accept and assume all of the risks associated with the activity. My child(ren)'s participation is purely voluntary, and I elect to participate despite the risks. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless TTG/GT from any and all claims, demands, or causes of action, which are in any way connected with my participation in TTG/GT activities or my use of TTG's equipment or facilities including any such claims based upon damages caused or alleged to be caused in whole or in part by the negligent acts or omissions of TTG or GT. Should TTG, GT, employees, volunteers, office staff, coaches, owners, officers or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I on my own behalf and the behalf of my child and our respective heirs, administrators, executors, and successors, agree to bear the costs to indemnify and hold them harmless for all such fees and costs.

I certify that I have adequate insurance coverage to cover any injury or damage my child(ren) may cause or suffer while participating, or else I agree to bear the costs of such an injury myself. I further certify that I am willing to assume the risks of any medical or physical condition my child(ren) may have.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in TTG activities, I may be found by a court of law to have waived my right to maintain a lawsuit against TTG on the basis of any claim from which I have released them herein. I have had sufficient time to read this entire document and understand it, and I agree to be bound by its' terms.**

I hereby grant TTG the right to photograph, videotape and or record me and/or my child(ren) and to use my child(ren)'s name, face, or likeness in connection with, publicity, advertising and promotional materials without reservation. TTG reserves the right to cancel classes that do not have sufficient enrollment and transfer students.

I voluntarily affix my name in agreement.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

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