

Please bring this waiver form with you. All children must bring a completed waiver form in order to participate.

Child's Name:

Parent's Name:	-
Address:	
City:Zip:	
Phone:	
Email:	
In consideration of the agreement of Gedderts' Twistars USA Gymna (hereinafter GTUGC), to accept my child(ren) (hereinafter Participant Participant in GTUGC activities, the parent/guardian of said Participant states that they understand that any activity involving height, motion in a unique environment may cause the possibility of accidental injury and even death. The undersigned voluntarily assumes the risk of su Participant, him or her heirs, executors, successors and assigns from all liability, action, claims and causes of action whatsoever on accour any way related to the participation of Participant in GTUGC activities herby agree to fully indemnify and hold harmless GTUGC for any me expenses or other damages resulting from any such accidental injury Participant while at GTUGC, except where such expenses or damager sult of intentional or reckless conduct of GTUGC.	t) as a ant hereby or rotation y, paralysis ich injury to any and ant of or in s and does edical y to
This agreement and waiver having been read thoroughly and unders completely, is signed voluntarily as to its content and intent.	stood
Parent Signature:	
Date Signed: Date of Party:	-



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Parent's Name:	
Address:	
	Zip:
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Email:	
(hereinafter GTUGC), to accept r Participant in GTUGC activities, t states that they understand that a in a unique environment may cau and even death. The undersigne Participant, him or her heirs, exec all liability, action, claims and cau any way related to the participation herby agree to fully indemnify and expenses or other damages resu	t of Gedderts' Twistars USA Gymnastics my child(ren) (hereinafter Participant) as a he parent/guardian of said Participant hereby any activity involving height, motion or rotation use the possibility of accidental injury, paralysis divoluntarily assumes the risk of such injury to cutors, successors and assigns from any and uses of action whatsoever on account of or in on of Participant in GTUGC activities and does divold harmless GTUGC for any medical liting from any such accidental injury to ept where such expenses or damages are the onduct of GTUGC.
This agreement and waiver havin completely, is signed voluntarily a	g been read thoroughly and understood as to its content and intent.
Parent Signature:	
Date Signed:	Date of Party: