



BIRTHDAY PARTY CONTRACT

Date of Party: _____ Time: _____

Parent's Name _____

Address: _____

City _____ ST: _____ Zip: _____

Phone _____ Email: _____

Child's Name: _____ Age _____ Male ___ or Female ___

Estimated number of children attending _____ Ages: _____

I have read/understand/accept the conditions for a Birthday Party at Twistars USA
Gymnastics Club.

Signature _____ Date _____

Birthday Party Waiver Form

In consideration of the agreement of Gedderts' Twistars USA Gymnastics (hereinafter GTUGC), to accept my child(ren)(hereinafter Participant) as a Participant in GTUGC activities, the parent/guardian of said Participant hereby states that they understand that any activity involving height, motion or rotation in a unique environment may cause the possibility of accidental injury, paralysis and even death. The undersigned voluntarily assumes the risk of such injury to Participant, him or her heirs, executors, successors and assigns from any and all liability, action, claims and causes of action whatsoever on account of or in any way related to the participation of Participant in GTUGC activities and does hereby agree to fully indemnify and hold harmless GTUGC for any medical expenses or other damages resulting from any such accidental injury to Participant while at GTUGC, except where such expenses or damages are the result of intentional or reckless conduct of GTUGC.

This agreement and waiver having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent Signature _____ Date _____