

Staff Use Only			
QB	CC	GD	EX



David Sewell DBA/Xtreme Spirit/Twisters Elite 1600 N. Milwaukee Ste. 501-508, Lake Villa IL 60046 Office and Fax Line: 888-483-2698

TWISTERS ELITE LIFE-TIME MINOR/MEDICAL AND MEDIA WAIVER

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS - READ BEFORE SIGNING.

All Participants Must Have This Signed Release On File in Order to Train at Xtreme Spirit/Twisters Elite Training Center.

Child's Full Name: _____ Date: ____/____/____

Age: ____ Birth Date (Please provide copy of Birth Certificate): ____/____/____ Sex (Circle): M F

Parent's or Guardian's Names: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Primary Cell Phone: _____ Secondary Cell Phone: _____

Email: _____ Emergency Contact Number: _____

Medical Insurance Provider: _____ Phone Number: _____

Policy Number: _____

Past Injuries or Medical Issues: _____

Please Explain: _____

Daily Medications (Please Add):

_____ Treatment for: _____
 _____ Treatment for: _____

My child has permission to be given acetaminophen or ibuprofen if requested: Y N Dosage to be given to my child: 1 tablet 2 tablets

IN CONSIDERATION OF _____, my minor child/ward ("my child"), being allowed to Participate throughout his/her lifetime, in any way at Xtreme Spirit/Twisters Elite Training Center, plus any related events and activities, hosted by David Sewell DBA/Xtreme Spirit/Twisters Elite, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,

3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such attention to the nearest official immediately; and,

4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law; and,

5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in the competition, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law; and,

6. I willingly agree to allow Twisters Elite, by means of photography and video, to publish photographs and/or video of my child for advertising purposes in all forms of media.

I HAVE READ THIS LIFE-TIME RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

 (PRINT PARENT/GUARDIAN NAME)

X _____ Date: _____
 (PARENT/GUARDIAN SIGNATURE)