

## Twin City Twisters

### Guest Permission Slip & Waiver



**Birthday Parties • Open Gyms • Camps • Clinics • Field Trips**

I, the undersigned parent or guardian, give permission for my child to participate in activities at Twin City Twisters, Inc. ("TCT"). I understand these activities may include gymnastics, games, and use of the gym facility and equipment.

#### Acknowledgment of Risk

I understand that participation involves risks of illness, injury, or even death. These risks may result from my child's actions, the actions of others, equipment, the facility, or even the negligence of TCT staff, volunteers, or other participants.

I accept these risks on behalf of my child and agree that my child is physically able to participate.

#### Release of Liability

I release and hold harmless TCT, its staff, volunteers, owners, and representatives from any and all claims or liability arising from my child's participation, including those caused by negligence. I also agree to be responsible for any costs or claims that result from my child's actions.

#### Medical Consent

In case of emergency, I authorize TCT staff or emergency personnel to provide care or transport for my child at my expense.

#### Photo/Video Release

I grant TCT permission to photograph or record my child during activities for promotional or instructional purposes without compensation.

#### Rules & Conduct

My child will follow TCT rules and staff directions. I understand that adults are not permitted on equipment. If I believe conditions are unsafe, I will remove my child immediately and notify staff.

#### Parent/Guardian Signature

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

Parent/Guardian Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Special Notes (allergies, restrictions, etc.): \_\_\_\_\_