

TwistStars Tumbling & Trampoline LTD.

Participation Agreement

TwistStars Tumbling & Trampoline, Ltd., recognizing it is our obligation to make our students and their parents aware of the risks and hazards associated with the sports of tumbling, trampoline, and double mini. Students may suffer injuries, possibly minor, serious, or catastrophic in nature. Tumbling, trampoline and double mini can be dangerous and can lead to injury! While TwistStars Tumbling & Trampoline maintains safety rules, it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instruction.

Therefore, in consideration of my child's membership in TwistStars Tumbling & Trampoline Ltd. and my child's participation in TwistStars Tumbling & Trampoline classes, events, and activities, I (parent), _____ agree to be bound by the following:

- Eligibility:** I agree to comply with the rules of TwistStars Tumbling & Trampoline.
- Readiness to Participate:** My child will only participate in those TwistStars Tumbling & Trampoline classes, events, competitions and activities for which I believe he/she is physically and psychologically prepared.
- Medical Attention:** I hereby give my consent to TwistStars Tumbling & Trampoline Ltd. to provide through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my child's participation.
- Waiver and Release:** I am fully aware and understand that participation in the programs at TwistStars. Tumbling & Trampoline involve motion, rotation, and height in a unique environment which carries a risk of injury, including catastrophic injury, paralysis, and death, as well as other damages or losses associated with participation in gymnastics and other physical activities.
I further agree that TwistStars Tumbling & Trampoline Ltd., along with the employees, agents, officers, and directors of this organization shall not be liable for any losses or damages occurring as a result of my child's participation in the event, except where such loss or damage is a result of willful, wanton, or reckless conduct of one of the organizations or individuals identified above.
- Medical Insurance:** I agree and understand that as a participant in TwistStars Tumbling & Trampoline Ltd., my child must be covered by a health/medical insurance obtained by myself. I represent that I and my child are covered by primary health/medical/accident insurance through: _____. I further understand that TwistStars Tumbling & Trampoline maintains insurance that is only secondary in nature for the purpose of covering claims not covered by my own primary insurance. I understand that this insurance does not cover co-payments or deductibles and that TwistStars Tumbling & Trampoline Ltd. and/or their insurer will not be liable to reimburse me for any co-payment or deductible.
- Severability:** In the event that any section or portion of this agreement shall be invalidated by legal declaration, it shall have no effect on the validity and legality of any other portion or section of this agreement not invalidated.

Acknowledgement

I, _____, Give permission for _____ to participate in gymnastic activity of TwistStars Tumbling & Trampoline Ltd.

As a parent or legal guardian, I hereby verify by my signature below that I fully understand and accept each of the above conditions, have reviewed the individual eligibility rules, and I am fully aware that with the participation in tumbling, trampoline, and double mini comes the risk of injury to my child/ward. I understand the degree of danger and seriousness of risk of injury and assume responsibility for discussing such dangers with my child. I certify that my child has sufficient insurance to cover any injury sustained during participation in TwistStars Tumbling & Trampoline events and therefore agree to hold harmless TwistStars Tumbling & Trampoline Ltd. for any such injury.

(Signature of Parent or Legal Guardian)

(Date)