

TWILIGHT GYMNASTICS & CHEERLEADING

1011 Route 22 West • Phillipsburg, NJ 08865 • TEL: 908 859-2006

www.twilightgymnastics.com

WAIVER AND RELEASE OF LIABILITY

#1 Student's Name _____ Date of Birth _____

#2 Student's Name _____ Date of Birth _____

#3 Student's Name _____ Date of Birth _____

Address _____

City/Town _____ State _____ Zip _____

Parent/Guardian Name _____

Home# _____ Work# _____

Cell# _____ Emergency# _____

Email _____

AGREEMENT

I hereby enroll _____ into Twilight Gymnastics & Cheerleading, LLC. In consideration of allowing the student to enroll in Twilight Gymnastics & Cheerleading, LLC., I release and agree to indemnify and hold harmless Twilight Gymnastics & Cheerleading, LLC., the employees, representatives and successors from any claim by me or my family, estate heirs, or assigns, for injury or damages which may occur related to the child's participation. Furthermore, I also confirm that my child is physically fit to engage in these gymnastics activities.

I have read, understand and agree to the Agreement stated above.

Parent/Guardian Signature _____ Date _____