

TCT & Ninja Zone Non-Member & Special Groups Permission slip

~ Birthday Parties ~ Open Gyms ~ Camps ~ Clinics ~ Field Trips ~

Twin City Twisters Parent Permission:

_____ has my permission to participate in a class/field trip at Twin City Twisters, Inc. I am aware that there are risks involved and that serious injury, and even death may result with improper conduct of this activity. I have instructed my child to follow directions.

I give permission to Twin City Twisters Inc., and/or an appropriate medical facility to make whatever emergency (e.g. first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of Twin City Twisters, Inc. In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. The child will be transported at my expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on a parent's behalf.

I fully disclaim, waive, and discharge Twin City Twister, Inc., their instructors, and directors from all claims with regard to any personal injury that may be incurred by my child during this class.

My child is in good physical health, and there are no medical conditions which would limit his/her participation in class.

Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

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 participation.

I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest staff member immediately; and,

I HEREBY RELEASE AND HOLD HARMLESS Twin City Twisters, Inc. or Ninja Zone, their employees and other participants used to conduct the program ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS 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.

Parent/Guardian Signature _____

Date _____

PLEASE PRINT CLEARLY

Child's date of birth _____

Emergency Phone _____

Special Note _____
