

**Terms and Conditions:**

I certify that I am the parent/guardian of *(Student’s Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* and give permission for him/her to participate in gymnastics, cheer, dance, and other related activities.

In addition, I authorize Twisted Sisters Gymnastics to provide emergency medical treatment to my child in my absence, when reasonable effort has been made to contact me. When deemed necessary 911 will be contacted and fire-paramedics dispatched to the scene.

My child and I are aware that there are inherent risks in gymnastics and related activities, including but not limited to those of bodily injury, partial or total disability, paralysis and death. We accept and assume such risks are possible and take the responsibility for the losses and/or damages following such injury, disability, etc. and will not hold Twisted Sisters Gymnastics in liability, action, claim and cases of action for such outcomes. Twisted Sisters will not be responsible for any such actions and are not responsible for any medical expenses or damages of intentional or unintentional actions. Students will participate at their own risk.

On many occasions there will be pictures or videos taken of our classes or teams and the content uploaded to the internet. I authorize Twisted Sisters the release or permission to use my child’s picture in promotion, advertising, or whatever they seem necessary. It is understood that no compensation will be given by the gym or by the user of such pictures.

Registration fees are paid annually. Tuition is due by the first class of each payment period. Dues are permissible to change at any time and any payment is non-refundable. Late charges can be added if Twisted Sisters deems necessary and payments are not paid on proper due dates. We accept payment in the form of cash and check. If your payment is declined by the bank, you will be charged a $20 returned check fee. If classes are canceled by Twisted Sisters there will be make up classes.

I HAVE READ THROUGHLY THE ABOVE INFORMATION AND UNDERSTAND IT COMPLETELY. I SIGN VOLUNTARILY TO THE CONTENT AND INTENT.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please return this sheet completed)*

