

Hawaiian Island Twisters Gymnastics

Birthday Party Participant Form

(All information must be completed AND signed in all places for participation)

Student's Info:

Participant's Name: _____

Age: _____ Birth date: _____

Parent/Guardian Info:

Parent/Guardian Name: _____

Phone: _____ Alternate Phone: _____

Emergency contact: _____ Phone #: _____

I hereby authorize HITS gymnastics, or any employees thereof to call any medical or other emergency personnel and/or arrange for medical treatment, including diagnostic, hospital, or surgical procedures as may be prescribed or performed by a treating physician for the named student, if I cannot be reached in the case of any emergency. This consent includes, but is not limited to: examinations, tests, medical treatment, administration of necessary anesthetics, transfusions, or drugs and the performing of whatever operations that may be deemed necessary or advisable. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospitalization being required. This authorization shall remain in effect until revoked in writing. Attempts will be made to contact the person/guardian prior to medical treatment. I understand that HITS personnel may transport my child to the preferred facility in the case of an emergency.

Printed name of Parent/Guardian

Signature of Parent/Guardian

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

In consideration of participating in the birthday party on (Date) _____ at HAWAIIAN ISLAND TWISTERS, INC., I represent that I understand the nature of this activity and that my child is qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue my child's participation in the activity.

I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages my child incurs as a result of my child's participation in the activity.

I hereby release, discharge, and covenant not to sue Hawaiian Island Twisters, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors,, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims,, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may be incurred as the result of such claim.

I hereby grant permission for my child to be included in evaluations and photographs, videotapes and tape recordings for non-profit educational and promotional purposes.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up my substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Parent/Guardian

Name of Participant

Signature of Participant/ Parent/ Guardian

Date