



Maryland Twisters and Galaxy Gymnastics Liability Release

I, _____ the legal guardian or parent, do hereby permit the named student to participate in gymnastics, tumbling, cheerleading or other physical activities while attending Nor' Eastern Storm LLC/DBA Maryland Twisters Salisbury and/or Galaxy Gymnastics LLC. By participating in programs at Nor' Eastern Storm LLC/DBA Maryland Twisters Salisbury /Galaxy Gymnastics, I assume full responsibility for personal safety and release Nor' Eastern Storm LLC/DBA Maryland Twisters Salisbury /Galaxy Gymnastics LLC, It's supervision and employees, whether paid or volunteer, from any and all liabilities that may arise due to injury including death and by reason of participation in any activity at Nor' Eastern Storm LLC/DBA Maryland Twisters Salisbury /Galaxy Gymnastics or in which Nor' Eastern Storm LLC/DBA Maryland Twisters Salisbury / Galaxy Gymnastics is participating elsewhere.

Initialed: _____

I understand that there is a personal risk involved in any activity that involves motion, height or rotation and that these activities can result in serious injury, disability, or death:

Initialed: _____

I declare that the athlete has been seen by a registered physician within the last 6 months to a year and has been cleared to participate in physical activity including gymnastics, tumbling and cheerleading.

Initialed: _____

Athlete Name _____ DOB _____

Signature _____ Date _____