



 Hostess Name / Event Name

Acknowledgement of Risk Waiver

In consideration for participation in activities at American Twisters & Tumbling / Infinity Cheer Tennessee, I hereby agree as follows:

I understand that participation in American Twisters & Tumbling / Infinity Cheer Tennessee activities is risky; and that risks of injury include, without limitation: scrapes, bruises, cuts, and even more serious injuries, such as paralysis or death, and I fully accept and agree to assume all of these risks (including risks arising from the negligence of other participants) for myself, and for my child or ward.

With the full understanding of the risks stated above I, for myself and for my child or ward, hereby release, hold harmless American Twisters & Tumbling / Infinity Cheer Tennessee, and the owners, officers, directors, and managers of such entities, and their heirs, successors and assigns, in connection with the participation of myself, my child or my ward in activities at this American Twisters & Tumbling / Infinity Cheer Tennessee facility.

I agree to reimburse any reasonable attorney's fees and costs that may be incurred by American Twisters & Tumbling / Infinity Cheer Tennessee, in the defense of any such liability claim, demand, action, or cause of action. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I, for myself and for my child or ward, agree to follow the safety rules of American Twisters & Tumbling / Infinity Cheer Tennessee, and agree that the failure of myself, my child or my ward to do so may result in expulsion from American Twisters & Tumbling / Infinity Cheer Tennessee. I approve the use of photographs taken by American Twisters & Tumbling / Infinity Cheer Tennessee photographers in which the undersigned is part of to be used on the American Twisters & Tumbling / Infinity Cheer Tennessee website or print media.

I agree and understand that this agreement is binding on myself, my child or ward, and their heirs, successors and assigns of myself and my child or ward. By signing below, I certify that I am the legal parent or guardian of the child for whom I am signing or, if I am not the parent or legal guardian of the child, that I have the express permission of the child's legal parent or guardian.

<i>Child's Name</i>	<i>Date of Birth</i>

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Address

City

State

Zip Code

Cell Phone Number

Email Address