MARYLAND TWISTERS ALL-STARS, INC. PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Maryland Twisters, Inc., its owners, agents, officers, employees, and all other persons or entities acting in any capacity on their behalf, I hereby agree to release, discharge, and hold harmless Maryland Twisters, Inc. on behalf of myself, my minor children, my parents, my heirs, assigns, personal representative and estate as follows:

- 2. I expressly agree and promise to accept and assume all of the risks, known and unknown, connected with Maryland Twisters, Inc. related activities, regardless of the age of the Minor and/or whether or not the Minor is presumed to be able to assume those risks, including but not limited to performance of stunts and use of trampolines. My participation and that of the Minor is purely voluntary. No one has forced or coerced the Minor or me to participate. I elect for the Minor and/or myself to participate in such activities in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify Maryland Twisters, Inc. from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with the Minor's and/or my participation in Maryland Twisters, Inc. related activities.
- 4. Should Maryland Twisters, Inc. be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse it for such fees and costs.
- 5. In the event that I and/or the Minor file a lawsuit against Maryland Twisters, such suit shall be brought in the State of Maryland, and the substantive and procedural laws in that jurisdiction shall apply in any such action without regard to the conflict of laws rules thereof. I agree that if any portion of this agreement is found void or unenforceable, the remaining portions shall remain in full force and effect. This agreement shall be deemed to have been jointly drafted by the parties for all purposes involving its construction and enforcement.
- 6. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation or the participation of the Minor in this activity, I and/or the Minor may be found by court of law to have waived the right to maintain a lawsuit against Maryland Twisters, Inc. on the basis of any claim from which I have released Maryland Twisters, Inc. either personally and/or as the parent, natural guardian and/or legal guardian of the Minor by signing this Agreement.
- 7. I hereby give Maryland Twisters, Inc. and its affiliates the unrestricted right and permission to copyright and re-use, publish, and republish photographic portraits and pictures of the Minor and/or myself or pictures in which the Minor and/or myself may be included, in whole or in part, separately or in conjunction with other photographs, in any medium now or hereafter known, and for any purpose whatsoever, including but not limited to illustration, art, promotion, or advertising.
- 8. In case of an emergency, I grant permission to Maryland Twisters, Inc. and its personnel, to have authority, at my expense, in the event I cannot be reached, to utilize the most convenient volunteer rescue squad vehicle or ambulance to transport the Minor and/or myself to the hospital and if necessary, I authorize medical treatment. I verify that the Minor and/or myself have passed a medical examination within the last twelve months and are capable of participating in cheerleading, gymnastics, dance and related activities.
- 9. All monies paid to Maryland Twisters in any capacity are NON-REFUNDABLE, NON-TRANSFERRABLE, and UNASSIGNABLE regardless of reason. I agree that any attempt by Maryland Twisters, Inc. to collect monies not paid by myself resulting in a collection agency, attorney, or court involvement, I will be responsible for the payment of all collection fees, court costs and attorneys' fees incurred by Maryland Twisters, Inc. and/or myself. I understand that late fees and/or penalties may be applied to all past due payments and/or returned checks.
- 10. I acknowledge that Maryland Twisters, Inc. has the right to either suspend or dismiss any participant/customer for any offense, by participant or family member, which we deem detrimental to the entire Maryland Twisters, Inc. organization.

I have had sufficient opportunity to read this entire document. I have been given the opportunity to consult an attorney for any reason regarding this document or in the event I did not understand any provision of this document. By signing below, I have read the document and understand it and I agree to be bound by its terms.

Parent/Guardian Signature:		Print Name:	Date:		
Sign here PA	ARENT'S OR GUAR	DIAN'S ADDITIONAL INDEMNIF	<u>ICATION</u>		
In consideration of (print minor's name) ("Minor") being permitted by Maryland Twisters, Inc. to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold Maryland Twi Inc. from any and all claims which are brought by, or on behalf of Minor and which are in any way connected with such use or particip by Minor.					
Parent/Guardian Signatur	e:	Print Name:	Date:		
If athlete is a minor, sign	here also. **FILL O	UT OTHER SIDE TOO, PLEASE!!**			

MARYLAND*- TEURISTER CREEKLANNS	MARYLAND TWISTE 7460 New Ridge Road, Hanover, MD 21 (410) 766-872 <u>info@marylandtwist</u>	Suite 100 076 9			
ATHLETE INFORMATION:					
Athlete's Name	Date of Birth _	Ag	e as of 8/31/19		
Address	City_	S	tate Zip		
Athlete's Home Phone #	Athlete's Cell Phone #				
PARENT/GUARDIAN INFORMATIO	<u>V:</u>				
Parent/Guardian's Name	Email				
Home Phone #	Work Phone #	Cell P	hone #		
Parent/Guardian's Name	EmailEmail				
Home Phone #	Work Phone #	Cell P	hone #		
BILLING/CONTACT INFORMATION:	If same as Parent/Guardiar	Info check here ()			
Billing Address					
City					
EMERGENCY CONTACT INFORMATI	ION (Other Than Parent):				
Emergency Contact		Relationship to Athle	te		
Home Phone #	Work Phone #	Cell P	hone #		
Allergies/Medical Conditions					
I allow my child to be given the follo Bismol	owing medication(s), if neces	ssary, while at the gyr	n: Tylenol, Advil, Pepto		
I, the undersigned Parent/Guardian training and activities held at Maryl my athlete. I have completely filled	and Twisters, Inc. and accep	t responsibility for all	costs incurred by myself or		
	Signature of Parent	t/Guardian	Date		
How did you hear about us? Local	competition Mobile A	pp Website	Other:		
What brings you to the gym today? Private lesson Class Open Gym					
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****FILL OUT OTHER SIDE TOO, PLEASE!!****