

# TWIST AND SHOUT DANCE AND CHEER/TSA

305 W Oak Street – Mahomet, IL

## Liability Release Form

(Please read this form carefully and sign it)

I \_\_\_\_\_ (parent's/guardian's name) hereby grant my child/ward, who is under the age of 18 and named \_\_\_\_\_ (child's/ward's name), my permission to participate in the \_\_\_\_\_ (name of program/class) offered by Twist and Shout, Dance and Cheer ("Twist and Shout"). I fully understand that my child and I must abide by all rules and guidelines set forth by Twist and Shout.

I understand and acknowledge that by the very nature of the activity, cheerleading and tumbling carries a risk of physical injury up to and including death, and that no matter how careful the cheerleader, tumbler and coach are; no matter how many spotters are used; no matter what height is used and what landing surfaces exist, the risk cannot be eliminated.

I understand that the Twist and Shout staff members are not physicians or medical practitioners of any kind. I hereby give permission to the Twist and Shout staff to render temporary or basic first aid to my child/ward or myself in the event of injury or illness at any Twist and Shout activity/event. I hereby knowingly and intentionally waive any and all liability, and will accordingly hold harmless Twist and Shout and its owners, officers, employees and volunteers for any injury to my child/ward or myself, whether such injury results from the negligence of Twist and Shout, or its officers, agents, or staff, or some other cause, including but not limited to rendering basic first aid.

I understand that by attending and/or taking part in any activity/event at Twist and Shout, there is a possibility of injury or sickness to me and/or my child/ward. In the event that I am not present and/or for whatever reason am not immediately available, I hereby authorize Twist and Shout and its officers, employees and/or volunteers, to give consent for my child/ward to receive medical treatment, to transport my child/ward to any health care facility or hospital, or to arrange for the transport of my child/ward to any health care facility or hospital by paramedics or ambulance for said child should the Twist and Shout officer, employee or volunteer deem it appropriate to do so. I do hereby grant permission to hospital staff members to administer appropriate immediate treatment.

I understand and affirm that I now have and will continue to provide proper hospitalization, health and accident insurance coverage, for both my child/ward and my own protection.

I also agree to hold harmless Twist and Shout its owners, officers, staff and volunteers whether such injury results from negligence or some other cause, in connection with their/my participation in any Twist and Shout activity.

I, and my spouse, child(ren), heir(s) and executor(s), forever waive and release any and all rights and claims for damages, whether such damage, loss or injury results from the negligence of Twist and Shout or its owners, officers, employees or volunteers, or some other cause, that I, my spouse, child(ren), heir(s) and/or executor(s) may have at any time against Twist and Shout or its owners, officers, employees and/or volunteers, for any injuries or damages in connection participation in any Twist and Shout activity.

**By signing below, I agree to this release of liability:**

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

**COVID-19 RIDER**

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With regards to risks posed by COVID-19, I acknowledge, understand, and agree:

- a. That the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and, as a result, the program/class is being delivered during a time of a national public health crisis;
- b. That COVID-19 is extremely contagious and there are risks, known and unknown, associated with me and/or my child/ward participating in the program/class;
- c. That me, my child/ward, other children, other participants, employees, volunteers, coaches, and/or group leaders may be infected and could transmit COVID-19 without displaying any symptoms;
- d. It is my responsibility to manage the risks to my child/ward, myself, and others my child/ward and/or me may come into contact which are associated with COVID-19;
- e. That I and/or my child/ward may pose a risk to those that are most impacted or at greatest risk of infection from COVID-19;
- f. That Twist and Shout cannot guarantee that me and/or my child/ward, and/or others with whom I and/or my child/ward may into contact with during and after participation in the program/class will not become infected with COVID-19.

I agree, on my own behalf, on behalf of my child/ward, and on behalf of others acting on my behalf to comply with all Twist and Shout rules and regulations regarding my and my child's participation in the program/class, including all rules and regulation that pertain to COVID-19. I understand and agree that noncompliance with any such rules and regulations by myself, my child/ward, or anyone acting on my behalf may result in termination of my and/or my child's/ward's participation in the program/class. I further understand and agree that if I or my child/ward, or anyone I have and/or my child/ward has had direct recent contact with exhibits symptoms of COVID-19, as set out by the U.S. Centers for Disease Control, on the day of or within 14 days prior to any program/class activity, as applicable I and/or my child/ward will not participate in the activity. I understand and agree that if I and/or my child/ward exhibit(s) symptoms of COVID-19, as set out by the U.S. Centers for Disease Control, during any program/class activity, as applicable I and/or my child/ward will be required to leave the site of the activity immediately and notification must be given to Twist and Shout management. I understand and agree that any registration, activity, class and/or program fees will not be returned if my and/or my child's/ward's participation in the program/class is terminated, temporarily or permanently, under either of these circumstances. I understand and agree that if I or my child/ward, or anyone I have, or my child/ward has had direct contact with exhibits symptoms of COVID-19, as set out by the U.S. Centers for Disease Control, within 14 days after the activity, I will immediately provide notice of the same to Twist and Shout management.

Date \_\_\_\_\_

\_\_\_\_\_  
Parent's/Guardian's Signature