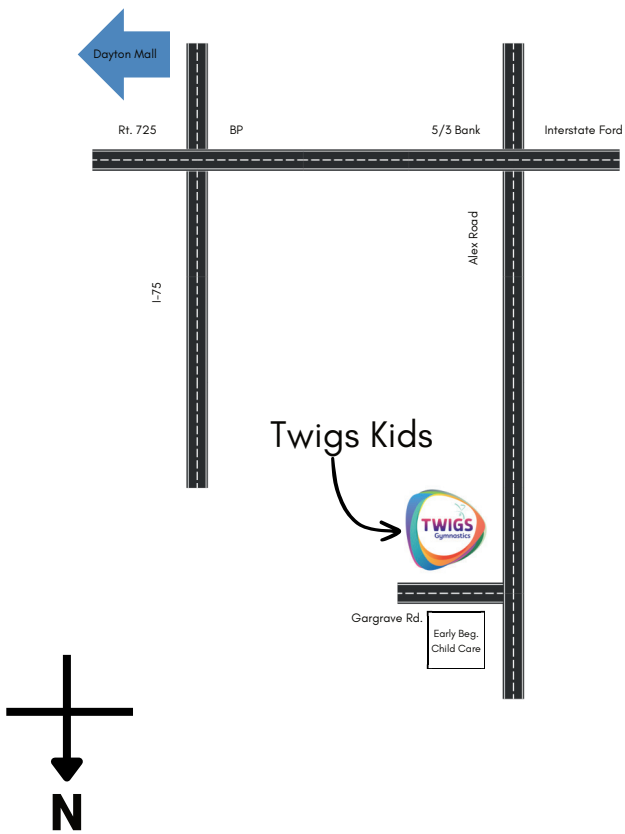


Directions



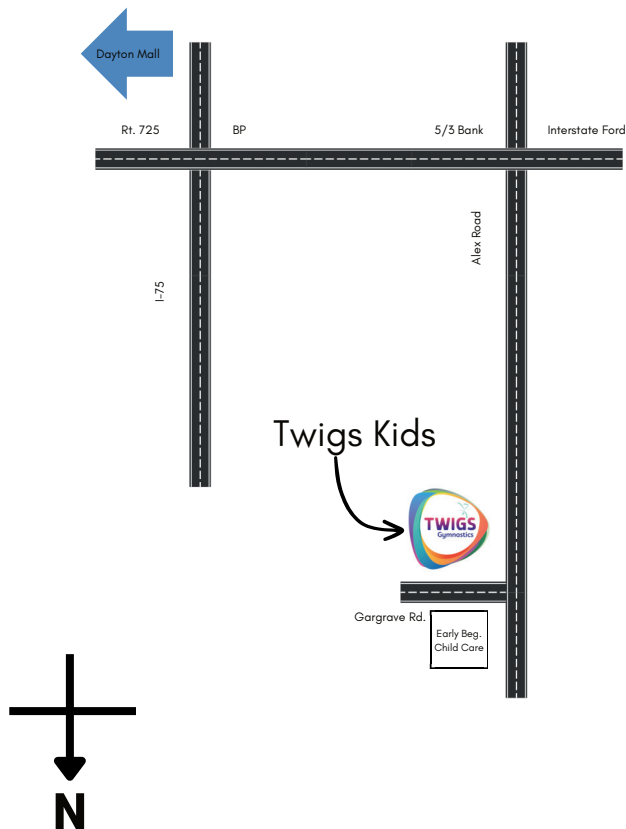
You're Invited to a
Gymnastics
**BIRTHDAY
PARTY**

at



1900 S. Alex Road
West Carrollton, Ohio 45449
(937) 866-8356

Directions



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TWIGS KIDS CONSENT/RELEASE FORM

As parent or Legal Guardian, I recognize that Potentially severe Injuries, including permanent paralysis or death can occur in sports or Activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, tae kwon do, dance, cheerleading, swimming and diving. In addition, swimming or activities in or around water can result in brain damage or drowning.

Being fully aware of These dangers, I, on my own behalf and the behalf of my child(ren) and Our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE Twigs Kids, its officers, directors, shareholders, employees or agents from all liability for any and all damages or injuries suffered while under the instruction, supervision, or control of Twigs Kids including, without limitation, Those damages or injuries resulting from acts of negligence on the part of its officers, directors, shareholders, personnel and hold Twigs Kids And its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible Future medical expenses which may be incurred by me or my child as Result of any injury sustained by me or my child while in attendance at or participating for Twigs Kids. I understand and agree that photos taken of me or my child by Twigs may appear in advertisement Publications and/or be available for resale. Furthermore, I have read and understand this ASSUMPTION OF RISK, WAIVER OF LIABILITY and MEDICAL AUTHORIZATION and I VOLUNTARILY affix my name in agreement.

I understand and agree that only one adult (age 18 or over) is allowed in the gymnastics area for pictures only and no adult is ever allowed on gymnastics equipment or in foam block or resi pits. No verbal or implied consent at any time, by anyone, may supersede this directive from our insurance carrier.

Signature of Parent or Legal Guardian:

Date: ____/____/____

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Signature of Parent or Legal Guardian:

Date: ____/____/____

IT'S A PARTY FOR:

Date: ____/____/____

Time: ____ to ____

Guest's Name: _____

Guest's Address: _____

City, Zip: _____

Guest's Age: ____M/F____ Guest's Birthday: ____/____/____

Phone: (____) _____

Parent's Names: _____

Email: _____

What to Wear & What to Bring...

Gym: Shorts & T Shirts or Leotards. Please no jeans, party dresses or clothing with buckles, snaps, zippers, or jewelry. Long Hair should be tied back. Bare feet are recommended.

Swim: Non potty trained children MUST wear a permanent Swim Diaper. NO SUBSTITUTIONS, please. Plastic training pants, disposable diapers (labeled swim diapers or not), or regular diapers of any kind may NOT be used. Please bring ear plugs, goggles, etc.. if your child requires them while swimming. Don't forget your TOWEL!!!

May we contact you about upcoming events at **TWIGS** through e-mail?
YES or NO

IT'S A PARTY FOR:

Date: ____/____/____

Time: ____ to ____

Guest's Name: _____

Guest's Address: _____

City, Zip: _____

Guest's Age: ____M/F____ Guest's Birthday: ____/____/____

Phone: (____) _____

Parent's Names: _____

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