

REGISTRATION / MEDICAL CONSENT FORM

Dear Parent Guardian,

Your son/daughter is below the legal age of consent (21 years of age). The law requires that we have your permission to give medical service should the need arise. Your signature on this consent form will authorize us to proceed with the care of medical problems that may occur. In the event of any major health problems/issues, we will notify you as promptly as possible and follow your instructions. If we are unable to contact you or your emergency contact designated below, your child will be taken to the nearest emergency facility available.

PLEASE FILL OUT IN ENTIRETY

How did you hear about us? _____

Name of Participant (1): _____ Age: _____ Birthdate: _____ M/F: _____

Name of Participant (2): _____ Age: _____ Birthdate: _____ M/F: _____

Name of Participant (3): _____ Age: _____ Birthdate: _____ M/F: _____

Mother/Guardian - _____ Home Phone: _____

Cell #: _____ Work #: _____ Email: _____

Emails are kept confidential. This is how we keep you updated on all things TU (please print legibly)

Father/Guardian - _____ Home Phone: _____

Cell #: _____ Work #: _____ Email: _____

Emails are kept confidential. This is how we keep you updated on all things TU (please print legibly)

Street Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____ Relation: _____

(Other than Parents)

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Name of Physician: _____ Office Phone: _____

Name of Insurance Carrier: _____ Group ID: _____

Please list any medical conditions or concerns that should be made available to our staff (indicate participant):

Examples are allergies, asthma, diabetes, physical disabilities, current medication, prior injuries/illnesses, physician's requests, etc.

(student name) _____ Date of last complete physical exam: _____

(student name) _____ Date of last complete physical exam: _____

(student name) _____ Date of last complete physical exam: _____

In the event of accident or sudden illness, I do hereby authorize TWIST'N U, Inc. to render whatever emergency medical treatment may be deemed necessary for my child, which may include, but not be limited to medical examinations, x-rays, anesthetic, etc., as may be deemed advisable or necessary by the physician in attendance. This consent shall be in effect for the period of time that my child participates in TWIST'N U, Inc. activities and/or events.

Parent/ Guardian Giving Consent to TWIST'N U, Inc. Staff & Emergency Care Provider

Date



MINOR (PARTICIPANT): _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating in TWIST'N U, Incorporated activities I represent that I understand the nature of these activities and that I am qualified, in good health, and in proper physical condition to participate in such activities. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the events take place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibilities for losses, cost, and damages I incur as a result of my participation in the activities.

I hereby release, discharge, and covenant not to sue TWIST'N U, Inc., its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activities take place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, cost which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant/s

Date

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such activities. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from litigation expenses, attorney fees, loss liability, damage or cost any Releasee may incur as the result of any such claim.

Printed Name of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

PHONE: 951-245-6969
FAX: 951-245-6997
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