

School of Dance Arts

Birthday Party Waiver

REGISTRATION AND MEDICAL RELEASE FORM

- I give my approval for student's participation in any and all activities of the program.
- I hereby authorize the staff of School of Dance Arts to treat the participant referenced below for injuries or illness they may incur while participating in activities held at School of Dance Arts.
- I authorize necessary treatment and admission for any hospitalization designated by School of Dance Arts and/or staff members.
- It is understood the parents or their agents will be called upon to give additional authorization if advanced treatments are necessary.
- I certify that my child has health, accident, and liability insurance to cover any bodily injury or property damage that may be caused by participating in this event or activity, or else I agree to bear the cost of such injury or damage to my child.
- I further certify that I am willing to assume the risk of any medical or physical condition my child may have or else I am willing to assume and bear the cost of all risks that may be created, directly or indirectly, by any such condition.
- I hereby consent myself and for the above named student to participate in dance/cheer activities and do hereby, for myself and the participant referenced below, waive and release any and all rights and claims for damages that I or the participant referenced below may have at any time against the staff of School of Dance Arts or School of Dance Arts for any injury or damages in connection with my child's association with dance/cheer and are not limited to and or any other activity associated with or sponsored by School of Dance Arts.

Student's Name: _____

Date of Birth: _____ Age: _____

Address: _____

Mother's Name: _____

Mother's Cell: _____

Father's Name: _____

Father's Cell: _____

E-mail Address _____

Emergency Contact (other than family): _____

Emergency Contact Number: _____

Parent/Guardian Signature: _____ Date: _____