



ACTIVITY WAIVER & EMERGENCY INFO

(Staff: Information below is valid for any subsequent activity up until 1 year from signature date)

PLEASE PRINT

Parent 1 (Last) _____ (First) _____ Wk# (____) _____ Cell# (____) _____

Parent 2 (Last) _____ (First) _____ Wk# (____) _____ Cell# (____) _____

Address _____ City _____ Zip _____

Home Phone # (____) _____ Email _____

EMERGENCY CONTACT: Please include the name and number of someone we can contact in an emergency situation if the student's parent(s) cannot be reached.

Name _____ Relationship _____ Phone # (____) _____

CHILD INFORMATION

Please detail any medical conditions, allergies, learning disabilities, or developmental delays

Child 1 _____ DOB ____ / ____ / ____ Age ____ Grade _____

Child 2 _____ DOB ____ / ____ / ____ Age ____ Grade _____

Child 3 _____ DOB ____ / ____ / ____ Age ____ Grade _____

Child 4 _____ DOB ____ / ____ / ____ Age ____ Grade _____

AGREEMENT, WAIVER AND RELEASE

I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in Dance &/or Gymnastics Lessons . This release is intended to discharge in advance the above business (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activities. It is understood that these activities involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activities.

PARENTAL CONSENT: *(to be completed and signed by parent/guardian)*

I hereby additionally consent that my son(s)/daughter(s), _____, participate in the said activities and I hereby execute the above AGREEMENT, WAIVER, AND RELEASE on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from and loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activities.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MY SELF AND THE ABOVE BUSINESS AND I SIGN IT OF MY FREE WILL. I FURTHER UNDERSTAND THAT NO MEDICAL INSURANCE IS PROVIDED AND THAT NO REFUNDS WILL BE GIVEN UNLESS ACTIVITIES ARE CHANGED OR CANCELLED BY POWELL DANCE ACADEMY.

X Signature _____ Print _____ Date _____

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|--|--|
| <u>How did you hear about us?</u> | |
| <input type="checkbox"/> Phone book | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Online search | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Website | <input type="checkbox"/> Drove by |
| <input type="checkbox"/> Powell Festival | <input type="checkbox"/> Flyer by mail |
| <input type="checkbox"/> Powell Parade | <input type="checkbox"/> Other _____ |

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|---|
| <u>Photo Release:</u> |
| As the responsible party for the above mentioned children, I give Powell Dance Academy permission to place pictures of my child on the Powell Dance Academy website, (www.powelldanceacademy.com) |
| X Please Initial: _____ |

For Office Use: PD? Y N Date ____/____/____ Cash \$ _____ Check # _____ CC date _____ Initials: _____