

Birthday Party Waiver & Release

Birthday Party Liability Waiver & Medical Attention Release Form In consideration for my attending a birthday party at Art in Motion School of Dance, LLC., I agree to be bound by each of the following:

WAIVER & MEDICAL RELEASE: As legal guardian of the child listed on this form below, I hereby consent for him/her to participate in gymnastics, dancing and other activities deemed necessary and conducted by Art in Motion School of Dance, LLC.. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and any losses associated with participation in the aforementioned activities. I hereby and forever release Art in Motion School of Dance, LLC. and it's, officers, directors, agents, lessors, and employees from all liability for any and all damages and injuries suffered or contracted as a result of my child's participation in those activities.

MEDICAL ATTENTION: I hereby give any consent for Art in Motion School of Dance, LLC. to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my participation in Art in Motion School of Dance, LLC. activities. I do hereby verify that I fully understand and accept each of the above conditions for permitting my child to participate at Art in Motion School of Dance, LLC..

Participant's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Parent's Name: _____ Cell: _____
Parent/Legal Guardian's Signature: _____
Date: _____
Name of Child Hosting Party: _____ Age: _____

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