



Birthday Party Participation Waiver

Please print this page and present at birthday party.

Participant's Name: _____ **Age** _____

Parents: _____

Address: _____

Email: _____

Phone : _____ **Cell** _____ **Work** _____

Emergency Contact _____

Release/Authorization

By granting my child or ward participation in classes/activities at Dance Arts Academy (DAA), I hereby assume responsibility for injuries caused when regulations at DAA are ignored. These regulations include, but are not limited to, using the studio without supervision, misusing the equipment, participating in class without proper footwear and disobeying instructions. I grant my child or ward permission to participate in DAA's classes and activities. I hereby release and discharge DAA, its agents, employees and officers from all claims, demands, actions, judgments and executions with the undersigned heirs, executors, administrators, or assigns for all personal injuries caused by, or arising from, the above described activities or activities related thereto.

Further, I grant DAA, its agents and employees permission to authorize any emergency medical treatment that may be required for my child or ward during the season.

Photo Release

I grant permission for my child to be photographed or videotaped during dance activities which may be used in promotion of DAA.

Parent's Signature _____