

All Starz Academy of Gymnastics & Dance

Open Gym, Daytime Playtime, Parents Night Out, Special Event Waiver

Participant: _____

Is here for (Check One):

Open Gym/Daytime Playtime _____ Parents' Night Out _____ Day Camp _____ Other (Specify) _____

Participants Birthdate: _____/_____/_____

Parent's Name (If applicable) PLEASE PRINT: _____

Contact Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Name: _____ Emergency Phone Number: _____

Acknowledgement of Risk and Waiver of Liability.

As Legal guardian, or adult participant (PLEASE PRINT) _____, I hereby consent to the aforementioned person participating in the All Starz Academy of Gymnastics and Dance Programs. I recognize that potentially serious injuries, including permanent paralysis or death can occur in any activity involving height or motion, including Dance, Cheer, Gymnastics, & related activities.

I understand that it is the express intent of All Starz Academy Of Gymnastics & Dance to provide for the safety & protection of myself or my child. In consideration for allowing my child to use these facilities, I hereby forever release the All Starz Academy, its officers, employees, and instructors from any & all damages + injuries suffered by my child while under the instruction or supervision of All Starz Academy.

As a legal guardian/responsible party of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for All Starz Academy Of Gymnastics & Dance.

Photo Release: I grant consent for my/minor's picture to be taken or to be filmed while participating in activities at All Starz. I authorize All Starz to use and publish images, photos, and audio, video of me/minor in all forms of media for publication.

This acknowledgement of risk & waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Guardian Signature (Or participating adult) _____

Date _____/_____/_____