

Short Dance Studios Birthday Party Waiver Form

PARENT PERMISSION, ASSUMPTION OF RISK, WAIVER OF LIABILITY, GENERAL RELEASE, MEDICAL AUTHORIZATION, CONSENT TO PHOTOGRAPHS OR LIKENESS

I, as parent or legal guardian of _____, authorize my child's participation in dance, gymnastics, cheerleading, and other special activities at Short Dance Studios ("SDS"). I hereby acknowledge that participation in dance, gymnastics, cheerleading and other athletic events involves a greater than normal risk of injury, and I agree to assume all risks in connection with my child's participation in such programs.

As such, and in consideration of my child's participation with SDS, I hereby release, waive, discharge and covenant not to sue SDS and any and all of its owners, directors, officers, agents, employees, representatives, contractors or volunteers (collectively "SDS Representatives") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury including death, that may be sustained by my child, whether caused by the negligence of SDS Representatives, or otherwise while participating with SDS, or while in, or upon the premises where the activities are being conducted.

Further, I hereby hold harmless and to indemnify SDS and SDS Representatives from any and all claims, damages, liabilities, costs and expenses, including reasonable attorney's fees, arising out of my child's participation with SDS.

WARNING! Catastrophic injury, paralysis or even death can result from the improper conduct of dance, gymnastics or cheerleading activities!

I hereby authorize SDS and/or any appropriate medical facility to take whatever emergency measures (first aid, disaster evacuation, etc.) as judged necessary for the care and protection of my child while under the supervision of SDS. To the extent my child's medical history is known by SDS Representatives, they are authorized to disclose protected health information of my child to the emergency responders to aid in treatment.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, first responders, rescue squad, ambulance, etc.) deem it necessary. The child will be transported at my expense. I understand that in some situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

I understand and agree that I am responsible for all medical expenses incurred to treat my child's injuries.

I hereby consent and authorize SDS to use photographs, and or other likeness of myself or my child or children for whom I have legal guardianship for any promotional materials regarding SDS parties, programs, facilities or services, including use on the SDS website, without any liability or obligation.

Parent Signature _____ Date _____

Print Child's Name: _____ In case of emergency parent or another phone number # _____

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