



## Birthday Party Waiver

Party \*Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Mailing Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_ @ \_\_\_\_\_  
 Parent Name(s) \_\_\_\_\_ School Name and Grade \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Primary Physician or Clinic Name \_\_\_\_\_  
 Known allergies and other pertinent medical information \_\_\_\_\_

***Please read over carefully.***

- \*I understand that *Sarah's Dance Academy* is not responsible for lost items, stolen items, or unclaimed merchandise.
- \*I understand that *Sarah's Dance Academy's* maybe videotaped and may be used for archival and/or promotional purposes.
- \*I understand that participation in a dance program involves risk and possible injury.
- \*I understand that *Sarah's Dance Academy* and its staff will not be responsible for injuries sustained in class, while performing.
- \*I authorize *Sarah's Dance Academy* to give medical attention to my child in case of an injury or illness if a parent or emergency contact cannot be reached.

**RELEASE**

Recognizing the possibility of physical injury that is associated with dance, I hereby release, discharge, and/or otherwise indemnify *Sarah's Dance Academy* and its associated personnel, against any claim by or on behalf of the registrant's participation in this program. In case of an injury or illness and a parent or emergency contact cannot be reached, the staff of *Sarah's Dance Academy* may authorize medical attention be given to the student listed above.  
**I have read and agree to abide by *Sarah's Dance Academy's* policies regarding medical release.**

Please initial: Yes, I accept \_\_\_\_\_ Circle: Parent / Guardian  
 Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*Please list all children attending the party on the back of this waiver.**

Office Use	Office Use
Date Rec'd _____ / _____ /20	Entered _____ / _____ /20
Amount Paid \$ _____	Entered By _____
Check # _____ Cash _____	Confirmation? Y / N
Received By _____	