



## Bring A Friend Week Waiver

I am: \_\_\_\_\_ Friend of: \_\_\_\_\_

Birthday: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Allergies or Health Conditions we should be aware of:

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I understand that Miller Street Dance Academy assumes no responsibility for injuries or illnesses that my child may sustain as a result of his/her participation in activities, exercise, or any equipment use at Miller Street Dance Academy. I expressly acknowledge that I assume the risk for any and all injuries and illnesses which may result from his/her participation in these activities. In consideration of the privilege of participating at Miller Street Dance Academy, I hereby voluntarily release and discharge Miller Street Dance Academy, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities. A parent/legal guardian must discuss with Miller Street Dance Academy any special conditions or circumstances involving their child.

I hereby give my permission to the medical personnel selected by Miller Street Dance Academy to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Miller Street Dance Academy to secure and administer treatment, including hospitalization for my child.

I understand that no accident or medical insurance is provided with this activity.

I give permission to Miller Street Dance Academy, without limitation or obligation, to use photographs, film footage or tape recordings, which may include my child's image or voice for purposes of promoting or interpreting Miller Street Dance Academy programs and release Miller Street Dance Academy from any claim of liability to that use.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian of: \_\_\_\_\_