



Stage Lights Dance Academy Summer Camp

I _____ authorize my child who is under 18 to participate in the above-named event and any trips associated with the camp. I and (my child) WAIVE and RELEASE ALL CLAIMS OF ANY NATURE that I (my child) may have against Stage Lights Dance Academy, Inc. and it's Director, employees, special quest arising out of or resulting from any and all injuries or damages of any nature, including death, which I (my child) may suffer while taking part in the event or any activities connected with the event. I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO FILE SUIT against Stage Lights Dance Academy, LLC. or any person related in any way to their business in connection with the events while my child is in Summer Camp. I also acknowledge I have medical insurance that I will use in the event medical service is needed. If an emergency situation arises, the staff will contact 911 and the parent immediately.

By signing this document, I certify that I have read this document and fully understand it and agree to all terms.

Print Name of Participant

Participant Date of Birth

Home Address

City/State

ZIP Code

Address

Email

I affirm that I am the above-named participant (18 or over) or parent/legal guardian of the above-named participant who is under the age of 18 and that I have full authority to authorize my/his/her participation in this event.

Print Name of Adult Participant or Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date