

# Miss Libby's School of Dance & Gymnastics Physical Participation Waiver/Release Form

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Emergency Phone No \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Participant at the Invitation of \_\_\_\_\_ Event Date \_\_\_\_\_

IN CONSIDERATION of the above minor being permitted to participate in physical activities at any Miss Libby's location or sponsored remote event, I, for myself, and as the minor's parent and/or legal guardian:

1. Believe the minor to participate is in good health and proper physical and mental condition to take part in such activities.
2. Recognize and fully understand that potentially severe injuries, including permanent paralysis or death can occur in sports and activities including gymnastics, tumbling, trampoline, dance, cheerleading, martial arts and other such activities. These risks and dangers may be caused by my own, or my child's actions, or inactions; the actions or inactions of others participating in the activity, or the negligence of Miss Libby's School of Dance, Inc., its owners, directors, members, or employees. I fully accept and assume all such risks and all responsibility for losses, costs, and damages that I, or my child may incur as a result of participation in any activity or our presence on the premises.
3. Confirm that my child, the minor, is in good health and I have medical insurance on my child. In the event of an emergency requiring medical attention for my child, I authorize a designee of Miss Libby's School of Dance, Inc. to act for me according to their best judgment and release, discharge and covenant not to sue for any negligent medical efforts expended on behalf of the minor.
4. Hereby release, discharge, covenant not to sue, and agree to indemnify, save and hold harmless Miss Libby's School of Dance, Inc., its owners, directors, members, and employees from all liability, claims, demands, losses or damages on my and/or the minor's account caused or alleged to be caused in whole, or in part, by any negligence of Miss Libby's School of Dance, Inc., its owners, directors, members, and employees. This waiver will remain in effect until and unless rescinded in writing.

Parent/Guardian Name (printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_