

## ACROBATICS/DANCE WAIVER AND RELEASE OF LIABILITY FOR MINORS

**Participant's Name:** \_\_\_\_\_

**Activity Details:** I understand that Acrobatics/Dance involves inherent risks, including but not limited to physical injury. The activity may involve, among other things, stretching, tumbling, jumping, balancing, and other movements that can cause injury or physical harm.

**Assumption of Risk:** I, the undersigned parent or guardian of the minor participant listed above, acknowledge that I have been fully informed of the nature and risks associated with acrobatics. I understand that participation in these activities involves risks and may result in injury.

**Release and Waiver:** In consideration of allowing the participant to engage in acrobatics activities, I hereby agree to release, discharge, and hold harmless Queens Dance Academy, its officers, employees, agents, instructors, and volunteers (collectively, "Released Parties") from any and all claims, demands, actions, or causes of action, whether known or unknown, arising out of or related to any injury, loss, or damage sustained by the participant while participating in acrobatics activities.

**Medical Authorization:** In the event of an emergency, I authorize Queens Dance Academy to seek medical treatment for the participant if I am not immediately available. I understand that I will be responsible for any medical expenses incurred.

**Agreement to Terms:** By signing this waiver, I confirm that I have read and understood this document, that I am the parent or legal guardian of the minor participant, and that I am voluntarily consenting to the participant's involvement in acrobatics activities. I also acknowledge that this waiver is binding on me, the participant, and any heirs or legal representatives.

**Signature:**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_

**Emergency Contact:**

**Relation to Child:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

