



# BIRTHDAY PARTY GUEST

WAIVER AND RELEASE

## KJ DANCE - PLANO

4017 Preston Road #546 Plano, TX. 75093  
972. 473. 4017

**kjdance.office@gmail.com**

## KJ DANCE - FRISCO

5444 FM 423 #700 Frisco, TX. 75034  
214. 469. 1770

**kjdance.frisco@gmail.com**



[www.kjdance.com](http://www.kjdance.com)

Birthday Party Location: _____ PLANO _____ FRISCO	Party Date: _____ Party Time: _____
Parent / Guardian Name: _____	Guest Name: _____
Parent Cell Phone: _____	Guest Age: _____
Billing Address: _____	Billing City, State, Zip Code: _____
Email: _____	I would like more information on KJ Dance: _____ Fall Classes _____ Summer Camps / Classes _____ Birthday Parties/Events
Emergency Contact Name: _____	Emergency Contact Cell Phone: _____

If applicable, please list any medical or physical concerns or conditions, regarding your child, that you would like for our faculty to be aware of:

## ASSUMPTION OF RISK, WAIVER OF LIABILITY AND MEDICAL AUTHORIZATION

As legal guardian of the child listed above, hereafter, child(ren) I recognize the potential of injuries that can occur during physical activity. Being fully aware of these dangers, I voluntarily consent and ACCEPT ALL RISKS associated with the participation of the aforementioned person(s) participating, as well as myself, in any and all KJ Dance. programs and activities.

In consideration for allowing me and my child(ren) to use these facilities, I, on my behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby COVENANT NOT TO SUE and FOREVER RELEASE KJ Dance, its officers, directors, employees or agents from all liability for any and all damages or injuries suffered by my child(ren) while under the instruction, supervision, or control of KJ Dance., including, without limitation, those damages or injuries resulting from acts of negligence on the part of its officers, directors, employees, or agents.

In the event of an emergency I would like my above mentioned child(ren) to be taken to a hospital for medical treatment and I hold KJ Dance and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible future medical expenses which may be incurred by me or my child as a result of any injury sustained while participating at or for KJ Dance.

By attending this birthday party listed above, I am granting KJ Dance the permission for my child to be filmed, videotaped, audiotaped or photographed by any means and are granting full use of your likeness, voice, and words without compensation.

I have read and understood this ASSUMPTION OF RISK, WAIVER OF LIABILITY and MEDICAL AUTHORIZATION. I VOLUNTARILY affix my name in agreement.

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

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