MovementWorks Dance and Fitness

Party Guest Release Form

Student's Name: ___________________________________ Birth Date: _____________ Age: __________

Adult's Name:____

Home Address: _____________________________________ City: _________________________________

Zip Code: __________________ Home Phone Number: ____

Cell Phone: (______)________________________ Work Phone: (______)___________________________

E-Mail: ___________________________________ Place of Employment: __________________________

Party Date: ____

RELEASE AND AUTHORIZATION

Name of Student: ____ Indicated in the space below are any health problems or conditions of which the studio should be aware (such as heart, back, medical, allergy, muscular, pregnancy, diabetes, epilepsy, chemical or neurological condition, special medication, knee/kidney/ shoulder problems, etc.). I understand that risk of injury is inherent in any physical activity and I, on behalf of myself and/or my child, knowingly and voluntarily accept that risk. I, the undersigned, for myself, my heirs, administrators, and executors, hereby waive and release Jess Widener individually and MovementWorks Dance and Fitness and its staff from any and all claims or damages of any kind arising out of my and/or my child's participation in the exercise and/or dance program of MovementWorks Dance and Fitness. I further certify that the aforementioned student is in proper physical condition to participate in the exercise/dance program and that he/ she/they has been examined by a licensed physician and found to be in proper physical condition to participate in said program. I, the undersigned, do hereby authorize Jess Widener or her designated agents (being teachers or administrators employed/ contracted by MovementWorks Dance and Fitness) to obtain medical treatment for myself and/or said child in emergency situations where someone cannot be reached in time to authorize the treating physician to provide such emergency medical services. I understand that I am responsible for any medical expenses and that the absence of health insurance does not make MovementWorks Dance and Fitness responsible for payment of medical expenses. This authority includes the power to authorize any and all treatment deemed necessary under the circumstances by a licensed physician. This power is in essence a power of attorney and shall remain in effect for one year from the date signed below.

SIGNATURE OF RESPONSIBLE PARTY: _______________________________________ DATE: ____________________

Additional Information/Comments (i.e. blood transfusions, special needs etc.):____

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