



Birthday Party & Open Gym Waiver

Above the Barre Dance & Gymnastics

1087 Berea Industrial Parkway

Berea, OH 44017

www.abovethebarre.com

440-625-0000

Parent(s) Name: _____

Email: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Child 1: _____ D/O/B: _____ M F

Child 2: _____ D/O/B: _____ M F

Child 3: _____ D/O/B: _____ M F

Please read the policies listed on the registration form and sign at the bottom.

Above the Barre Dance and Gymnastics Policies

To keep our classes and students safe, children that are not in class must be supervised at all times. They are NOT permitted in the instruction area! NO FOOD, DRINKS, GUM, OR CANDY PERMITTED IN THE GYM. Please help to keep our facility clean! Pick up your belonging and trash when exiting the facility! Thank you.

Photo Release: I give Above the Barre Dance and Gymnastics permission to use any photos and/or videos of my child or children for advertising, website, or other media outlets.

Please Initial: _____

Liability: I understand that Above the Barre Dance and Gymnastics, its coaches, and other staff members will not accept responsibility for injuries sustained by any student during the course of dance, gymnastic, or cheerleading instruction, or in the course of any exhibition, competition, or clinic in which he/she may participate or while traveling to or from the event. I am fully aware that participation in these activities involves motion, rotation, and height in a unique environment and such carries with it a responsible assumption of risk. I have been warned that catastrophic injury, paralysis, or even death can result from these activities. I consent to have my child or children participate in the programs offered by Above the Barre Dance and Gymnastics. I, my executors, or other representatives waive and release all rights and claims for damages that I or my child have against Above the Barre Dance and Gymnastics or its representatives. I give permission for the staff at Above the Barre Dance and Gymnastics to contact an ambulance or such other medical care providers as may be deemed responsible and necessary in the event of injury to my child. Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the teacher's instructions. I have read and will abide by the policies of Above the Barre Dance and Gymnastics.

Please visit abovethebarre.com for a complete detailed listing of all Above the Barre Dance and Gymnastics Policies.

Parent or Guardian Signature: _____ Date: _____
