Studio name _____

Waiver for participants under 18

About you

Your name
First name

_____

Last name

_____

Date of birth (MM/DD/YYYY)

_____

Parent or guardian

Parent or guardian
Parent or guardian's name

_____

Relationship to the client

_____

Phone

_____

Photo ID type and number

_____

_____ _____

Parent or guardian's signature **Date**

_____

Printed name

Email

_____

Phone

_____

Children

Waiver for participants under 18

Each child's name and date of birth

Activity

Risks and rules

Please read and initial
I understand this activity has risks for my child, including falls, collisions and injuries.

Initials

Please read and initial
I've gone over the rules with my child, and staff may stop my child if the rules aren't followed.

Initials

Please read and initial
Staff may get emergency medical care for my child if I can't be reached.

Initials

Emergency contact and photos

Emergency contact

Photos of the children

Sign

the studio uses your health answers only to do your appointment safely and to keep the records the law requires. They are never used for marketing or sold. They are stored encrypted, and every time someone at the studio opens them it is logged.

Parent or guardian's signature

Date

Printed name