

Kaleidoscope ~ Adult Release Form

Last name: _____ First name: _____

Mailing address: _____ State _____ Zip _____

Phone #: _____ Cell #: _____ E-mail: _____

Health complications or disabilities? _____

Please list any allergies including allergies to medications _____

Medications currently taking _____

Please list any injuries or health conditions the instructor should be aware of (if none write "none") _____

- It is necessary to be cleared by your physician before starting any exercise class at Kaleidoscope of Dance and Gymnastics Inc.

Emergency Contact: _____ Relationship: _____ Phone #: _____

Child's name who attends Kaleidoscope _____

How did you hear about us? _____

Appreciation of Risk:

Participation in gymnastics, dance, cheerleading, karate, or any other activities at Kaleidoscope of Dance and Gymnastics Inc., may involve motion, rotation and height in a unique environment and as such carries with it a reasonable assumption of risk. Catastrophic injury, paralysis, and even death can result from improper conduct of gymnastics, dance, cheerleading, karate, or other activities not stated. Appreciate this WARNING as well as the fact that, even under the best conditions, participation in any parent/tot gymnastics, dance, cheerleading, karate, Zumba, Kikfit, Total-E-Fit and all other activities not stated, involves inherent risk on the part of the performer. The undersigned certify that the inherent risks of gymnastics, dance, cheerleading, karate, and all other activities of participation are adequately appreciated and that said participation is done on a strictly voluntary basis, and I am aware of these risks. I realize that no environment is risk-free and so I am aware of the importance of abiding by KODG rules. I agree and am familiar with these rules and will obey.

I authorize the necessary steps regarding medical attention (i.e. first aid, calling ambulance service or transportation to be admitted to the hospital) and will allow authorized hospital faculty and staff to treat myself as conditions warrant.

I hereby release Kaleidoscope of Dance and Gymnastics Inc., its officers, employees, and agents from any and all liability, claims, demands, controversies, damages, actions and causes of action which may occur by reason of injury, death loss of services or consortium, property damage and any and all other loss and damages of any kind and nature sustained by or resulting in the undersigned from the use of said equipment and facilities. This release shall bind the undersigned, their heirs, administrators and assigns.

Media Release; *I understand that Kaleidoscope of Dance and Gymnastics Inc., retains the right to use any photographs, videotapes, motion picture recordings, or any other record of these events for the school's website, publicity, advertising, or any legitimate purpose. My signature confirms that I understand and agree that my picture may be used on publicly accessible areas including the KODG website and facebook page.*

***All participants must consult with a physician before starting any class at kaleidoscope of Dance and Gymnastics, Inc*

Signature

Date