



ADMA

DANCE &
GYMNASTICS

Birthday Party Waiver

Parent(s) Name: _____

Address: _____

Phone: _____

Email: _____

Child Name: _____ DOB: _____ M F

Child Name: _____ DOB: _____ M F

Child Name: _____ DOB: _____ M F

ADMA Dance and Gymnastics Policies

As the legal parent or guardian, I release and hold harmless ADMA, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of/ or related to any loss, damage, or injury, that may be sustained by the participant and/or the undersigned, while in or upon the premises or of ADMA.

As the legal guardian, I also give permission to use pictures and/or videos of my child or children for advertising, website or other media outlets.

Parent/Guardian Signature: _____