



Academy of Performing Arts
Home of Lone Star Jazz

Birthday Party Waiver Form

- The Woodlands Studio**
3600 FM 1488, Suite 230, Conroe, TX 77384
- Conroe-Maximum Studio**
1500 Wilson Road, Conroe, TX 77384

Waiver & Release

In consideration of being allowed to enter the dance area and/or participate in any party and/or program at any Academy of Performing Arts studio, the undersigned, on his or her behalf, and on behalf of the participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

1. I represent that I am the parent or legal guardian of the participant(s) named below, or I have obtained permission from the parent/legal guardian of the participant(s) named below to execute this agreement on their behalf. I agree that the participant(s) named below and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at any Academy of Performing Arts studio. In addition, if I observe any hazard during our participation, I will bring it to the attention of the nearest Academy of Performing Arts employee or official immediately.
2. I am aware that there are inherent risks associated with participation in Academy of Performing Arts programs or parties and I, on behalf of myself and the participant(s) named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants; and,
3. I for myself and the participant(s) named below, and our respective heirs, assigns, administrators, personal representatives, and next of kin, hereby release and hold harmless Academy of Performing Arts, Home of Lone Star Jazz, a division of Shaffer-Clark, Inc., their affiliates, officers, members, agents, employees, other participants and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all Academy of Performing Arts programs, activities, parties, and the use of the equipment in the dance studio.

Consent to use pictures

I hereby give my permission for the use of any photography and/or videos, made or captured during the parties at Academy of Performing Arts for publication on websites or in any form of advertising that Academy of Performing Arts may elect to use.

Participant Name: _____ Participant Date of Birth: / / _____

Participant Name: _____ Participant Date of Birth: / / _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Email Address: _____ Address _____

Home Phone# _____ Emergency Contact Phone# _____