

**Name of students** (please print) \_\_\_\_\_

**Email** (of guardian if student is under 18) \_\_\_\_\_

**RELEASE FOR PARTICIPANT BY PARENT OR GUARDIAN**

In consideration of your accepting me or my child's entry, I hereby, for myself, my child, by heirs, executors and administrators, wave and release any and all rights and claims for damages I or my child may have against LEAPING LIZARDS PERFORMING ARTS STUDIO and its representatives, successors and assigns for any and all injuries suffered by myself or my child in any activities sponsored by LEAPING LIZARDS PERFORMING ARTS STUDIO. Furthermore, I have been informed and understand all studio policies concerning tuition, fees, and classes.

Signature (Adult 18yrs. +) \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ [Child]

**grant** (yes) \_\_\_\_\_ **do not grant** (no) \_\_\_\_\_

Leaping Lizards PAS, and it's representatives (instructors), my permission to use photographs taken at LLPAS for any legal use, including but not limited to: publicity, advertising, and web content.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**MEDICAL INFORMATION**

Please list medical information that may be of a concern to the staff at Leaping Lizards. i.e.: asthma, common joint dislocations, sensory sensitivities, past injuries that may cause complications, allergies, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe what steps need to be taken by LLPAS to assist with the occurrence of any of the concerns listed above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for helping us to better assist you and your child. Leaping Lizards PAS**