



Adult Permission/Waiver Form

This form must be read and signed before a student over the age of 18 years can attend or participate in BodyMoves, LLC classes or activities.

Waiver

I understand that BodyMoves, LLC assumes no responsibilities for injuries or illness which I may sustain as a result of my physical condition or resulting from my participation in any dance, gymnastics, cheering or martial arts activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness, which may result from my participation in these activities. Unless in the case of gross negligence, I hereby release and discharge BodyMoves, LLC, its agents, servants, and employees from any and all claims for injury, illness, death, loss, or damages which I may suffer as a result of my participation in these activities.

I understand that BodyMoves, LLC is not responsible for personal property lost or stolen while participants are in the BodyMoves facility or on the BodyMoves premises.

I give permission to BodyMoves, LLC to use without limitation or obligation, photographs, film footage or tape recordings, which may include my image or voice for purposes of promoting BodyMoves, LLC programs.

Acceptance

I acknowledge the Waiver and accept the conditions set forth above. (Please sign and date as indicated below).

Full Name: _____
(Please print)

Signature: _____ Date: _____

Permission Waiver

In case of medical emergency, I understand that every effort will be made to contact my emergency contact. If the emergency contact (listed on registration form) cannot be reached, I give permission to BodyMoves, LLC employee/staff person to secure the medical treatment deemed necessary for me in the event I am unable to speak for myself: including hospitalization, injection, anesthesia or surgery.

Signature: _____ Date: _____