

Montana Dance Works

Birthday Party Guest Information

Emergency Medical Treatment Release and Liability Waiver

Information: Name of Guest (child): _____

Medical Concerns (Allergies, illness, injury, etc.): _____

Contact person during birthday party: _____

Phone number of Contact: _____

Emergency Medical Treatment Release:

I, _____ give Montana Dance Works permission to render any necessary first aid emergency treatment to my child while in attendance at Montana Dance Works and I hereby consent to any emergency medical treatment that may be required of _____ (child's name) _____ by any licensed physician.

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

In consideration of participating in birthday parties at Montana Dance Works, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "release" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept the and assume all such risks and all responsibility for the losses, cost, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Montana Dance Works, its respective administrators, directors, agents, volunteers, and employees, other participants and sponsors, advertisers, and if applicable, owners and leasers of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or part by the negligence of the "releases" or otherwise, including negligent rescue operation and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding shall continue in full force and effect.

Printed name of Participant (Child)

Date

PARENTAL CONSENT

I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the Minor's experience and capability and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases' from all liability, claims, demands, losses or damages, on the minor's account cause or alleged to have been caused in whole or in part by the negligence of the Releases' or otherwise, including negligent rescue operations, and further agree that if, despite this release I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releases', I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases' from any litigation expenses, attorney fees, loss and liability, damage, or cost any Releasee may incur of any such claim.

Printed name of Parent/ or Legal Guardian

Date

Signature of Parent/ or Legal Guardian