



BIRTHDAY PARTY
at
TA-DAH! STUDIO OF DANCE

22 Town Farm Road, Westford, MA 01886
(978) 392-0096 tadahdance@gmail.com
tadahstudio.com

****Permission Slip****

Party Child's Name:

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Phone Number: _____

****Consent and Release****

The undersigned hereby consents to the participation of

_____ in a *Birthday Party* at the TA-DAH! Studio of Dance. Such participation shall be subject to the rules and regulations established by the Studio.

The undersigned hereby release the TA-DAH! Studio of Dance, its agents or employees, heirs, successors and assigns, from liability or claim of students or student's parents or legal guardians, arising out of any injury or accident by or occurring during the study of dance with the Studio, without regard to the negligence of the parties.

We understand that there are inherent risks in any physical or athletic activity and that the student and parent or legal guardian acknowledges the same.

The undersigned hereby agrees to indemnify and hold harmless TA-DAH! Studio of Dance, its agents or employees, heirs successors and assigns, against any liability, claim or expense including attorney's fees and costs, arising out of any claim or suit with respect to the actions of participants while at the Studio or any injuries or claims occurring on the Studios premises.

The Consent and Release is given by the undersigned and is entered into freely, voluntarily and after the full opportunity for review by the undersigned.

Parent/Guardian Signature

Date