



RELEASE OF LIABILITY & MEDICAL AUTHORIZATION FORM

As the parent/guardian of minor/s _____, _____, _____ and _____, I hereby release studio B, 2108 Kidwell, Dallas, Texas, L.B. Waddill, LLC, employees, contract labor and representatives from all liability for personal injury, illness, theft or property damage occurring on or off the studio premises, whether or not caused by the negligence of studio B, L.B. Waddill, LLC, employees, contract labor or representatives.

I also contend that my student/s is/are in good health and capable of participating in all class activities.

In the event of an accident or injury, studio B will make every effort to contact me regarding my student/s treatment. However, if the emergency contact designated is unable to be reached, I give my permission to studio B, L.B. Waddill, LLC, employees, contract labor or representatives to obtain medical assistance or treatment as well as transportation to and from a care facility and to release studio B, L.B. Waddill, LLC, employees, contract labor and representatives from any and all liability arising out of the injury, treatment or transportation to and from a care facility location.

Printed name of child

Additional child

Additional child

Additional child

Emergency contact

Phone number

Primary care physician

Phone number

Medical Insurance

ID/Group numbers

Signature

Date