



# Parent Release Form

## Release of Liability & Financial Responsibility

As the legal parent or guardian, I fully and forever release and hold harmless Star Studio, its owners, operators, officers, managers, employees and members from any and all liability, claims, damages, demands, rights of action or causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Star Studio, its owners and operators or in route to or from any of said premises. I also agree to pay for any and all damages to Star Studio caused my child or other related family members whether negligently, willfully or otherwise.

## Assumption of Risk

I am fully informed of the "normal" inherent risks associated with trampolines, foam pits, rock climbing walls, and inflatable equipment, and it is my desire to participate in the Star Studio's Class Instruction, Competition Program, Open Gym, and Birthday Party/Facility Rental. With the consideration of participating in this activity, I hereby knowingly and intelligently assume the risks of harm and/or body injury to my person or property that are associated with or arise out of this activity. These risks include serious physical or emotional injury, including but not limited to burns, scrapes, cuts, bruises, dislocations, sprains, fractures, pinches, concussion, paralysis, death, damage to myself, the Child, and/or third parties, and damage to personal property of any or all such persons. I understand that the risk of injury extends to all extremities and all other parts of the body. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity, which I further agree is for recreational purposes and completely voluntary. I acknowledge and agree that, while the trampoline and other activities that take place at Star Studio are monitored generally by Star Studio employees, it is not feasible for such employees to monitor the activities and actions of all customers at all times or all customers simultaneously. Furthermore, Star Studio employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's health or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction. In summary, by my signature below, I acknowledge that if I or any of my children are injured in any way, this waiver prevents and prohibits any recovery of money from Star Studio.

## I am fully aware that:

1. Any Dance or Tumbling maneuvers involving body motion, rotation and height create an increased risk for severe head, neck or spinal injuries and even death.
2. Trampolines, foam pits, rock climbing walls, and inflatable equipment require a certain level of skill to use properly. I am solely responsible for allowing my child to interact with such said activities and equipment understanding their inherent risks.
3. The social and economic losses and/or damages which could result from those risks and dangers described above could be severe.
4. My negligence or the negligence of others may cause these risks and dangers.
5. There may be other risks not known or reasonably foreseeable at this time.
6. This Release Form covers all interactions with Star Studio. It includes, but is not limited to: Class instruction, Performances, Competitions, Open Gym, Party Rentals, etc. whether on or off Star Studio property.
7. This Release Form is considered valid and binding until notified otherwise.

## Marketing Release

Occasionally Star Studio uses photos or video of its students in print ads, on its website, Facebook, or other marketing mediums. I understand that my child's likeness may be used in such advertising. These images will be used for Star Studio purposes only, and will not be given or sold to outside companies or individuals.

With my Signature, I state that I have read the above and agree

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relation to Student(s): \_\_\_\_\_

This form covers the following Student(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Additional information  
required on back of form**

## Family Information (all information is kept confidential)

1/2023

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Contact #1 (Primary Parent/Guardian)

Name: \_\_\_\_\_ Relation to Student(s): \_\_\_\_\_

Home #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_ (Required)

### Contact #2 (Secondary Parent/Guardian)

Name: \_\_\_\_\_ Relation to Student(s): \_\_\_\_\_

Home #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_

### Medical Emergency

Emergency Contact (other than Contact #1 or Contact #2): \_\_\_\_\_

Home #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work #: \_\_\_\_\_

The undersigned gives permission to Star Studio, its owners and operators to seek medical treatment for the participant in the event they are not able to reach a parent or guardian.

I hereby declare any physical/mental problems, restrictions, or condition and/or declare the participant to be in good physical and mental health. I request that our doctor/physician \_\_\_\_\_ be called and that my child be transported to \_\_\_\_\_ hospital. Please include physician's phone number \_\_\_\_\_.

Health Insurance Carrier: \_\_\_\_\_

### Student Information

Student #1 Name: \_\_\_\_\_ Male / Female Birthday: \_\_\_\_\_

Student #2 Name: \_\_\_\_\_ Male / Female Birthday: \_\_\_\_\_

Student #3 Name: \_\_\_\_\_ Male / Female Birthday: \_\_\_\_\_

Student #4 Name: \_\_\_\_\_ Male / Female Birthday: \_\_\_\_\_

Student #5 Name: \_\_\_\_\_ Male / Female Birthday: \_\_\_\_\_

Disabilities/Allergies/Medications for any student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_