



Beyond the Stars Performing Arts Academy

PARENT PERMISSION, ASSUMPTION OF RISK, WAIVER OF LIABILITY, GENERAL RELEASE,
MEDICAL AUTHORIZATION, CONSENT TO PHOTOGRAPHS OR LIKENESS

I, as parent or legal guardian of _____, authorize my child's participation in dance and other special activities at Beyond The Stars ("BTS") I hereby acknowledge that participation in dance and other athletic events involves a greater than normal risk of injury, and I agree to assume all risks in connection with my child's participation in such programs.

As such, and in consideration of my child's participation with BTS, I hereby release, waive, discharge and covenant not to sue BTS and any and all of its owners, directors, officers, agents, employees, representatives, contractors or volunteers (collectively "BTS Representatives") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury including death, that may be sustained by my child, whether caused by the negligence of BTS Representatives, or otherwise while participating with BTS, or while in, or upon the premises where the activities are being conducted.

Further, I hereby hold harmless and to indemnify BTS and BTS Representatives from any and all claims, damages, liabilities, costs and expenses, including reasonable attorney's fees, arising out of my child's participation with BTS.

WARNING! CATASTROPHIC INJURY, PARALYSIS or EVEN DEATH CAN RESULT FROM THE IMPROPER CONDUCT OF DANCE ACTIVITIES!

I hereby authorize BTS and/or any appropriate medical facility to take whatever emergency measures (first aid, disaster evacuation, etc.) as judged necessary for the care and protection of my child while under the supervision of BTS. To the extent my child's medical history is known by BTS Representatives, they are authorized to disclose protected health information of my child to the emergency responders to aid in treatment.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, first responders, rescue squad, ambulance, etc.) deem it necessary. The child will be transported at my expense. I understand that in some situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf. I understand and agree that I am responsible for all medical expenses incurred to treat my child's injuries.

I hereby consent and authorize BTS to use photographs, and or other likeness of myself or my child or children for whom I have legal guardianship for any promotional materials regarding BTS parties, programs, facilities or services, including use on the BTS website, without any liability or obligation.

Parent Signature _____ Date _____

Print Child's Name: _____

In case of emergency parent or other phone number # _____