

IDOL Academy

Participation & Waiver Form

FOR OFFICE USE ONLY	
Date:	Time:
Inst.:	Class:
Comments:	
<input type="checkbox"/> G.Sheet <input type="checkbox"/> ICP <input type="checkbox"/> Payment <input type="checkbox"/> Welcome email	

Please check all corresponding program(s):

CLASSES AFTER-SCHOOL PROG PRIVATE SCHOOL DAILY CAMPS PRIVATE CLASSES BIRTHDAY PARTY

* 1. Participant's Name:	Age:	Birthdate:	Sex:
If participant 1 has any allergies or medical conditions, please list them below:			
2. Participant's Name:	Age:	Birthdate:	Sex:
If participant 2 has any allergies or medical conditions, please list them below:			
3. Participant's Name:	Age:	Birthdate:	Sex:
If participant 3 has any allergies or medical conditions, please list them below:			

* Mother/Guardian's Name: _____ Cell Phone: _____

* Mother/Guardian's Email: _____

* Father/Guardian's Name: _____ Cell Phone: _____

* Father/Guardian's Email: _____

* Participant's Address: _____ City: _____ State: _____ Zip: _____

Does any of your children above mentioned have:

ADD ADHD Behavioral disorder Developmental delay Autism Speech Any other _____

Specify which child:

Please list an emergency contact person other than the parents listed above:

* Name: _____ Relationship: _____ Phone: _____

Individuals *AUTHORIZED* for pick up from IDOL ACADEMY, LLC at dismissal time other than above:

Name: _____ Phone: _____ Name: _____ Phone: _____

Name: _____ Phone: _____ Name: _____ Phone: _____

Individuals *NOT AUTHORIZED* for pick up from IDOL ACADEMY, LLC. at dismissal time:

Name: _____ Phone: _____ Name: _____ Phone: _____

Please note: If the person picking up your child/ren is not in this list, the child/ren will NOT be dismissed. In addition, please inform the individuals listed above to provide identification at time of pick up, this is for safety purposes, no exceptions!

WAIVER AND RELEASE OF LIABILITY

* I CONFIRM THAT _____ (PARTICIPANT'S NAME)
_____ (PARTICIPANT'S NAME)
_____ (PARTICIPANT'S NAME)

IS/ARE IN GOOD HEALTH AND IS/ARE FULLY ABLE TO PARTICIPATE IN THE ABOVE MENTIONED EVENT HELD AT OR BY IDOL ACADEMY, LLC.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF IDOL ACADEMY, LLC. USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM IDOL ACADEMY, LLC IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND IDOL ACADEMY, LLC. HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

1. IN THE EVENT OF AN EMERGENCY, I GIVE PERMISSION TO IDOL ACADEMY, LLC. TO MAKE THE DECISION TO OBTAIN MEDICAL CARE SHOULD I BE UNREACHABLE AT THE NUMBERS LISTED IN THIS FORM. PLEASE BE AWARE AND UNDERSTAND THAT IF YOU CANNOT BE REACHED IN CASE OF AN EMERGENCY, 911 AND FIRE RESCUE WILL BE CALLED FOR MEDICAL ATTENTION AND IF THEY DEEM NECESSARY TO TRANSPORT THE PARTICIPANT/S TO THE HOSPITAL, THE PARENTS WILL BE SOLELY RESPONSIBLE FOR THE CHARGES FROM THESE SERVICES, NOT IDOL ACADEMY, LLC.
2. I FURTHER AGREE TO HOLD HARMLESS IDOL ACADEMY, LLC. IT'S OWNERS, TEACHERS, COACHES, ANY STAFF, AFFILIATES, AND FACILITY FOR ANY AND ALL INJURIES RESULTING IN EXPENSES ARISING OUT OF PARTICIPATION IN ANY EVENT.
3. I UNDERSTAND THAT IDOL ACADEMY, LLC. RETAINS ALL RIGHTS TO THE USE OF ANY PHOTOS, VIDEO OR AUDIO RECORDINGS TAKEN WHILE AT IDOL ACADEMY, LLC. FOR USE IN ANY PUBLICITY, ADVERTISING AND/OR ANY LEGITIMATE BUSINESS PURPOSE AT NO ADDITIONAL COST OR COMMISSION.
I ALSO UNDERSTAND THAT ADULTS THAT ARE NOT ENROLLED IN ANY PROGRAM AT IDOL ACADEMY, LLC. MAY NOT BE INSIDE THE GYM AREA DUE TO OUR POLICY.

* _____
Mother/ Guardian's Name **Signature** (or Participant's signature if over 18) **Date**

* _____
Father/ Guardian's Name **Signature** (or Participant's signature if over 18) **Date**