



XTREME DANCE APPLICATION

Child's Name

D.O.B.

Mother's Name

Father's Name

Cellular #

Cellular #

Other Phone #

Other Phone #

Mother's Address

Father's Address

E-mail Address

E-Mail Address

Doctor's Name & Phone #

Please list any allergies, special medication or dietary needs or other areas of concerns:

CONTACT: Child will be release only to the custodial or legal guardian and the person listed below. The following people will also be contact and are authorized to remove the child from the facility is case of illness, accidents, or any emergency. If for some reason the custodial parent or legal guardian cannot be reached:

Name

Relationship

Contact #

Name

Relationship

Contact #

Name

Relationship

Contact #

Xtreme Dance, Modeling and Karate Center
Release and Waiver of Liability Agreement

In consideration of permission to participate in events classes and special activities held o the premises or by Xtreme Center. I hereby release, discharge and covenant; Xtreme Inc., its respective administrators, directors, officers, employees, volunteers and any other participant, sponsors and leaser of the premises on which these activities take place not to sue nor hold them liable for any injury or harm cause to my child during any of their extra curriculum of dance, modeling or karate. I release Xtreme Inc. from all liabilities claims, demands, losses or damages. I further agree that if, despite this release, waiver of liability and assumption of risk I, or anyone on my behalf, makes a claim against any release parties, I will indemnify, save and hold harmless each of the released parties from any loss, liability, damages, or cost which any may incur as the result of such claims.

I fully understand that these activities involve risk or serious bodily injury including permanent disability, paralysis, and death, which may be caused by his/her own actions or inactions. I fully accept and assume all such risk and all responsibility for loses, costs and damages that I, my son or daughter may cause to themselves or others, as a result of any participation in these activities.

I have read this release and waiver of liability, assumption of risk and indemnity agreement, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement and assurance of any nature and intend to be complete and unconditional release of all liability to greatest extent allowed by law and agree that if any person of this agreement is held to be invalid the balance, notwithstanding shall continue in full force and effect. I further agree that this agreement shall be construed in accordance with the law of the State of Florida.

Print Name of Participant

Signature of Participant's Guardian

Date of Birth of Participant

Address of Participant

City/State/Zip Code

Date of Signature

Xtreme Photo Release Form

I, _____ authorize the Xtreme Martial Arts & Dance Studio Company to take photographs and / or videos of my child (Chikdren) while participating in of Xtreme's programs and or activities. I understand that Xtreme Martial Arts & Dance Studio may use these photographs and videos for internal and external purposes including (but not limited to) press releases, websites, Social media and Club publications.

Child's Name

D.O.B

Parent / Guardian Name

Date