



# BIRTHDAY WAIVER

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## BIRTHDAY PARTY PARTICIPATION WAIVER

Date of the Party: \_\_\_\_\_

Time of the Party: \_\_\_\_\_

Birthday Girl/Boy Name: \_\_\_\_\_

### **Attendees Information:**

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

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Concerns / Allergies (please describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If the attendee has an allergy, do they have their EpiPen with them? (circle one)   Y   N

### **Parent Information:**

Parent Name: \_\_\_\_\_

Number to call during the party: \_\_\_\_\_

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

By submitting and signing this form, I acknowledge that I am aware that there are risks associated with dance and physical activity. I warrant that the attendee named on this form is physically able to participate in dance, associated games and activities associated with this birthday party. The Dance Element Inc. will provide every safeguard for the health and welfare of each attendee but will be released from all actions, damages, claims whatsoever arising out of participation of the person so named on this form in any class, program or party at The Dance Element Inc.

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