



## PARENTAL WAIVER RELEASE OF LIABILITY FOR MINORS

By signing below I agree to the following:

- I am aware that the child/children listed below will be engaging in physical exercise that can cause harm or injury.
- I understand that the child/children listed below are voluntarily participating in the said Flexagility fitness activities and I am assuming all risks of injury to my child/children that may result from engaging in any exercise program or sport related event including tripping, slipping, or falling on or off the premises where the said Flexagility fitness activity is conducted.
- I hereby release Flexagility, representatives, agents, and successors from liability for accidental injury or illness, which the child/children may incur as a result of participating in the said physical activity.
- I understand that Flexagility will make no evaluations or recommendation as to whether or not the child/children listed below is capable or deemed physically fit to engage in any activity.
- If the child/children listed below has any physical or mental condition that may impair their ability to engage in any Flexagility fitness activities it is MY responsibility to obtain a physician's release.
- I understand that it is recommended I consult a physician prior to my child's/children's participation in any physical exercise program.

**CLASS** - IRISH DANCE SPECIFIC FITNESS - TERM 1 2018  
(Dancers from Dwyer-Whelan Academy of Irish Dance)

**INSTRUCTOR** Helen Ilich

**PARTICIPANT'S NAME**

**PARTICIPANT'S DATE OF BIRTH**

**PARENT'S/GUARDIAN'S NAME**

**PARENT'S/GUARDIAN'S SIGNATURE**

**PARENT'S/GUARDIAN'S CONTACT DETAILS**  
**MOBILE NUMBER**  
**EMAIL ADDRESS**

**DATE**