

Bright Stars



Dream Believe Achieve

Bright Stars Academy

Non-member Form

Family name:	
Childs Name:	DOB (MM/DD/YYYY):
2 nd Child:	DOB (MM/DD/YYYY):
3 rd Child:	DOB (MM/DD/YYYY):
Home Phone:	
Family Email Address:	

How did you learn about Bright Stars?

Who can we thank for referring you?

PARTICIPANT AGREEMENT, RELEASE, & ACKNOWLEDGEMENT OF RISK

I understand and acknowledge that the activity I am about to engage in possesses known risks and unanticipated risks which could result in injury, paralysis, death, emotional distress or damage to myself, to property, or to third parties. The following describes some, but not all, of those risks. Physical Activities entail certain risks, which simply cannot be eliminated without jeopardizing the essential qualities and aims of the activity. Without a certain degree of risk our students would not improve their skills, and the enjoyment of such activities would be diminished. Physical activity exposes its participants to the usual risk of bruising and cuts. Other more serious risks also exist. Participants will sometimes fall on the equipment and suffer sprains, fractures, and cuts. They also can suffer more serious injuries; any activity involving water, height or motion can cause permanent injury, paralysis, or even death. Traveling to and from shows, exhibitions and competitions raises the possibilities of any manners of transportation accidents. All medical assistance shall be at my own expense.

I expressly agree and promise to accept and assume all of the risks existing in the activity as outlined in section 1. My participation in this activity is purely voluntary, no person(s) are forcing me to participate and I elect of my own volition to participate with full knowledge of the inherent risks involved.

I hereby voluntary release, forever discharge and agree to hold harmless and indemnify **Bright Stars Academy** from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in the activity including those allegedly attributable to the negligent acts or omissions of **Bright Stars Academy** or their staff.

Should **Bright Stars Academy**, or anyone acting on their behalf, be required for any reason to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and reimburse **Bright Stars Academy** for such fees and costs.

I certify that I have health, accident, and liability insurance to cover any bodily injury or property damage I may cause or suffer while participating in said activities, or else I agree to indemnify and reimburse **Bright Stars Academy** for such fees and costs incurred.

By signing this document I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found, by a court of law, to have waived my right to maintain a lawsuit against **Bright Stars Academy** on the basis of any claim which I have released them herein. I have had sufficient opportunity to read and fully understand this entire document and I agree to be legally bound by its terms.

Signature of Parent/Guardian:

Print Name:

Date: