

Child's Name:	Age:
T-Shirt Size:	
Vacation Week (if different than Jun	ne 29-July 3):
Release Author (I authorize the following people (person o	rization StarKidz Summer Camp over 16 years old) to pick up my child (other than parent/guardian)
Name:	Relationship:
Phone:	
Name:	Relationship:
Phone:	
Name:	Relationship:
Phone:	
Name:	Relationship:
Phone:	
Hold Harmless Agreement	
members, agents, and employees from and	School, LLC and StarMakers Dance Company, LLC and its against any and all claims, cost liabilities, expenses, or urt costs arising from my child's (or my) participation in the s or injury resulting therefrom.
and against any and all claims. I understand	ss StarKidz After School and StarMakers Dance Company from d and agree that StarKidz After School and StarMakers Dance and on the starkidz/StarMakers or its facilities.
	waiver, I am freeing StarKidz After School and StarMakers or employees from any liability resulting from my child's (or my) ise, related to the this program.
I give my permission to StarKidz After Somy children participating in the programs and will not seek compensation for such	chool and StarMakers Dance Company to photograph me or s for use in StarKidz/StarMakers publicity and publications . Please Initial
I hereby represent that I understand and amparticipate and have personally read and un	n familiar with the nature of activities in which my child will derstand this Release.
Parent/Guardian Signature Date	