

General Release:

While attending class at Movement Arts Collective, there is a possibility of injury or illness. I, the undersigned, agree to hold KJL Movement Arts Collective, LLC, its owner, employees, staff, and volunteers harmless.

Publicity Release:

I grant permission for Movement Arts Collective to use photos and videos of my child, while taking class at Movement Arts Collective, for advertising purposes.

Name of Child: _____ Birthday: _____

I am attending class with my friend _____

Please list any allergies, injuries, medications, and/or any medical conditions we should be aware of _____

Parent/guardian name: _____

Phone number: _____ Email: _____

Parent/guardian signature: _____ Date: _____