



You're Invited to a Party at Integrity School of Dance!

For: _____

Date: _____ Time: _____

RSVP To: _____

Where: Integrity School of Dance
732 W. Chicago Street, Oak Tree Plaza
Elgin, IL 60123 ~ (847) 742-6666

www.IntegritySchoolofDance.com



Remember to bring this signed waiver to the party, so that you can participate.



Party Guest's Name: _____ Birth Date: _____

Email: _____

Address: _____ City _____ Zip _____

ACKNOWLEDGEMENT of RISK, WAIVER of LIABILITY, MEDICAL AUTHORIZATION

"I acknowledge that there are certain risks of physical injury to participants in sports or activities involving height or motion, including, but not limited to dance instruction. I agree to assume full risk of any such injuries, damages or loss and relinquish all claims I or my child may have against Integrity School of Dance, Inc. and its officers, agents, servants, employees and volunteers as a result of participating in the birthday party activities."

I have carefully read and understand the Acknowledgement of Risk and Waiver of Liability and understand that my signature is required below in order for my child to participate in the birthday party dance class.

Parent/Guardian Signature _____ Date: _____

Print Name: _____ Phone Number _____