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Active Arts Waiver & Photo Release

**Please note: all of the information on this form is kept confidential**
REGISTRANT DETAILS:

Name of Participant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:

Name of Guardian (if under the ages of 18):

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

Phone:
Emergency contact/phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Concerns:
I have: Allergy Knee Issues Back Issues Asthma

Other limitations/injuries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, understand that movement is not a substitute for medical attention, examination, diagnosis or treatment. I should consult a physician prior to beginning any activity or program with Active Arts. I recognize that it is my responsibility to notify the instructor of any serious illness or injury before class. I will not perform any movement to the extent of strain or pain. I accept that neither the instructor, nor the hosting facility is liable for any injury, or damages, to person or property, resulting from participating in the class.
For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing/video/film taping of myself and the recording of my voice and the use of these photographs and/or video recordings singularly or in conjunction with other photographs and /or video recordings for advertising, publicity, website, commercial or other business purposes. Such materials may be published/ rebroadcast electronically or in print, or used in presentations or exhibitions. I understand that the term “photograph” and “video” as used herein encompasses both still photographic imagery and video footage.

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SIGNATURE of Participant or Guardian if participant is under the age of 18. DATE