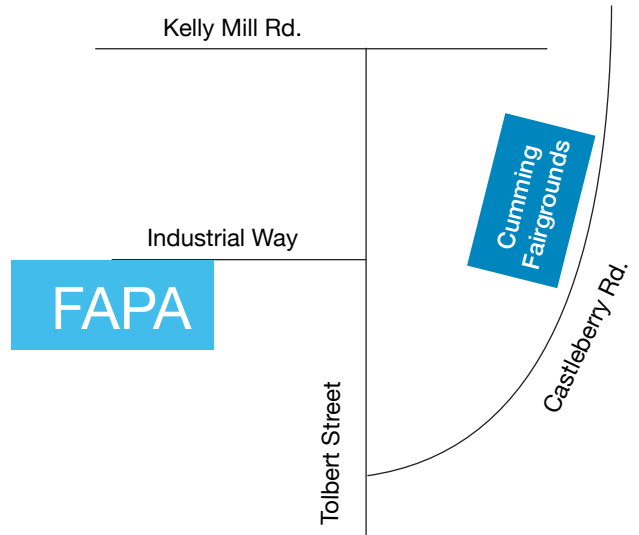
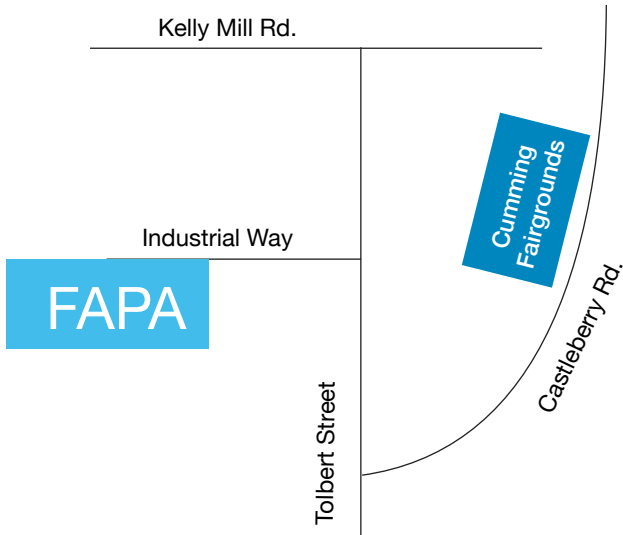




520 Industrial Way  
Suites A&B  
Cumming, GA 30040



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**Forsyth Academy of Performing Arts Agreement Form—REQUIRED! Please fill out this form and bring it with you the day of the party. All participants are REQUIRED to have a completed consent for. Guests that arrive without this form will be denied participation.**

Child Name \_\_\_\_\_ DOB \_\_\_\_\_

2nd Child Name \_\_\_\_\_ DOB \_\_\_\_\_

3rd Child Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent's Name \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Acknowledgement of Risk and Waiver of Liability  
Please Read Before Signing!**

To the best of my knowledge, my child(ren) is/are now in good health and physically capable of participating in the program(s) offered by Forsyth Academy of Performing Arts (FAPA). I recognize that potentially severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, cheerleading, dance, ball sports, party games and activities, and martial arts. Being fully aware of these dangers, I voluntarily consent for my child(ren) to participate in all FAPA programs and accept all risks associated with that participation. In consideration for allowing my child(ren) to use these facilities, I, on my own behalf and the behalf of my child(ren) and our respective heirs, administrators, executors and successors, hereby forever release and covenant not to sue FAPA, its officers, directors, share holders, employees, volunteers, and all others associated with the corporation(s) from all liability for any and all damages and injuries suffered by my child(ren) or myself while under all instruction, supervision, or control of FAPA. I hereby agree to individually provide for all present and possible future medical expenses, which may be incurred by my child(ren) or myself as a result of any injury sustained while participating at or for FAPA. I understand and agree that in the interest of safety and enjoyment for all, FAPA reserves the right to remove any participant(s) or non-participant(s) from any and all programs should his/her behavior become disruptive, inappropriate or cause a threat to the safety of others or one's self. If a participant is suspended or expelled from FAPA, fees are not refunded. I also understand that FAPA retains the rights to use and photographs, videotapes, motion picture recordings, or any other record of events for publicity, advertising, or any legitimate purposes. I have read and understand this acknowledgement of risk and waiver of liability and I voluntarily affix my name in agreement.

Parent Signature \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Date \_\_\_\_\_

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2nd Child Name \_\_\_\_\_ DOB \_\_\_\_\_

3rd Child Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent's Name \_\_\_\_\_

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