



**After School Program**

1207 Quentin Road  
Brooklyn, NY 11229  
Ph: 718.336.3627

**EMERGENCY MEDICAL RELEASE AGREEMENT**

As the parent or legal guardian of:

\_\_\_\_\_  
(CHILD'S LAST AND FIRST NAME)

I, \_\_\_\_\_ (NAME OF PARENT OR LEGAL GUARDIAN) give my permission for my child to receive whatever emergency medical care that may be needed to KINGS DANCE STUDIO, Inc., d/b/a VIVA KIDS personnel for the treatment of any injury that may be incurred while in the activity on promises or elsewhere. I understand that KINGS DANCE STUDIO, Inc., d/b/a VIVA KIDS will make effort to contact my emergency contact or myself before or immediately after emergency treatment is rendered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**LIMITED WAIVER OF LIABILITY**

KINGS DANCE STUDIO, Inc., d/b/a VIVA KIDS provides recreation and sport activities. Our staff is trained to provide the maximum protection for your child while in our care. Even with all of these safeguards injuries can occur.

As a parent or legal guardian of the above named student I fully understand the risks involved in my child's participation in all school activities. To the best of my knowledge my child has no medical conditions, which would conflict with his/her participation in KINGS DANCE STUDIO, Inc., d/b/a VIVA KIDS sport and recreation programs and/or activities. I further agree to waive the right to press legal charges against KINGS DANCE STUDIO, Inc., d/b/a VIVA KIDS, its offices and staff, in those instances where any of the above have not clearly demonstrated negligence leading to injury of the above name student.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

