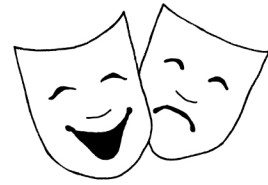


# Class Act Kids



In case of an emergency and I cannot be reached, I authorize the staff of Class Act Kids to obtain whatever medical treatment deemed necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment. I hereby give my consent to my child's participation in the activities of Class Act Kids and hereby release and dissolve the Class Act Kids staff from any and all liability for any injury or damages that assume financial responsibility for all classes attended and will notify Class Act Kids if I wish for my child to stop participating. Having read and understood, and being in agreement with this release I have read, signed and dated this agreement.

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Child's name

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Parent/Legal Guardian's name

( print )

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Parent/Legal Guardian's Signature

Date \_\_\_\_\_