



## Waive/Release Form

### (Sign and Date)

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Student's Name: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (home) \_\_\_\_\_

Parents email: \_\_\_\_\_

Being aware that there is a risk of injury involved whenever children are involved in physical activity and travel, I, the undersigned, agree to release and hold *LightBox (LBX)* and its officers, agents, and employees harmless from any and all damages of physical injury that is incurred while my child is involved with LBX in attending classes, performing, or traveling. I do accept the risk of and agree to hold LBX harmless from all responsibility for damages or physical injury incurred in transporting my child(ren) to and from classes. We acknowledge that LBX is not an insurer against injury.

I further certify that I have insurance coverage \_\_\_\_ Yes \_\_\_\_ No. Having read and understand fully the above, I as a parent or legal guardian, give my permission for the students named above to participate in LBX Development program classes.

I hereby give my permission for my child to be photographed, videotaped and/or audio taped during any LBX activity. I further give permission for such photographs to be used in print or broadcast media as deemed appropriate for promotion of LBX activity or for publicity and promotion.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_