

MICHELLE MYNX ACADEMY OF POLE DANCE

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ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I acknowledge that this Accident Waiver and Release of Liability Form will be used by Michelle Mynx Academy of Pole Dance And the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

I acknowledge that Michelle Mynx Academy of Pole Dance And their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. Michelle Mynx Academy of Pole Dance Is also not responsible if any participant tries an event activity after the event.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by facilities, temperature, condition of participants, equipment and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems that preclude my participation in this activity.

I hereby assume all of the risks of participating in this activity, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, the following entities or persons: Michelle Mynx Academy of Pole Dance, (also known as MMAPD) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in the paragraph above from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this activity.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I certify that I am 18 years old or more and have read this document and I fully understand its content. I am aware that this is a release of liability and a contract and I sign it of my own free will.

Participant's printed name (please print legibly)

Participant's Signature

Date

(See optional information on back)

Emergency Contact Information

In case of an emergency during participation in an MMAPD event I wish the following parties to be contacted:

Name: _____

Address _____

Phone Home (____) ____ - _____ Cell (____) ____ - _____ Work (____) ____ - _____

Name: _____

Address _____

Phone Home (____) ____ - _____ Cell (____) ____ - _____ Work (____) ____ - _____