



Birthday

Dance Party

You have been invited to a
birthday party at
New Hampshire Academy of
Performing Arts

Birthday Party Waiver-Please bring signed copy to party for all attendees

Birthday Girl/Boy _____

Date of Party _____

Name of Guest _____

ADMISSION: I the undersigned, (Parent or Guardian of the above student) release NHAPA, including instructors from any and all injuries which student may sustain while training, performing or during any activity. I also agree that I am responsible for health insurance and any medical cost due to injury. I also give permission for emergency medical transportation and treatment, at my expense, if the need arises.

Parent Signature: _____ **Date:** _____