



# RELEASE FORM/WAIVER

I \_\_\_\_\_,  
give my permission for \_\_\_\_\_  
to participate in activities at Move By Morelli. I  
understand that my child will be participating in  
classes held at the school. I waive the right to any  
legal action for any injury sustained on school  
property resulting from normal dance, music or  
gymnastics activity or any other activity conducted by  
the students before, during or after class time.

Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Parents Name (Printed) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

movebymorelli.com  
6452 Fig St, Unit D  
Arvada CO 80004  
303-467-0034