

expression

DANCE • STUDIO

Where Family and Dance  Go Hand in Hand

Birthday Party Waiver

This form MUST be signed by parent/guardian to allow participation

LIABILITY RELEASE:

By signing this form, I understand and acknowledge that instruction, classes, practice, performance, community events, and all other activities related to arts education are inherently potentially dangerous activities. As such, I permanently release Inspiration Performing Arts Center on behalf of myself, my children, relatives, heirs, etc. from any negligence on behalf of Expression Dance Studio, its employees, guest teachers, agents, etc. and all liability arising from injuries and damages including but not limited to muscle strain, fatigue, serious bodily harm, and/or death which I or my child incurs while engaging in such activities.

In case of a medical emergency, I hereby authorize the staff of Expression Dance Studio to obtain the proper medical assistance (as deemed by calling 911) at my expense for my child or me. If signing for a minor child, you are releasing liability on behalf of that child and asserting that you are the child's parent, relative, guardian, or authorized agent.

POLICY ACKNOWLEDGEMENT

By signing this form, I acknowledge that I have read, understand and agree to Expression Dance Studio policies regarding the liability release.

Student's Name: _____ Age: _____

Parent's Name (Printed): _____

Parent's Signature: _____

Date: _____

Email: _____

Address: _____

Phone #: _____