



Dance Dreams School of Dance Liability Waiver

(Please print out and mail in with payment and registration forms)

No one can be admitted into a dance class or camp session unless this form has been properly filled out and signed by a parent or legal guardian.

I/we agree to be solely responsible for any and all liability costs, damages, and expenses incurred by me and/or my child as a result of injury sustained by me and/or my child from participating in classes held by *Dance Dreams School of Dance*. I hereby release *Dance Dreams School of Dance* and its instructors, servants, agents and employees from any consequences arising from, attendance at, or participation in dance classes/activities/or events. I understand that I and/or my child may incur an injury as a result of participation in any class attended including, but not limited to, strains, tears to muscles, and broken bones, etc.

By signing below I acknowledge that I have fully understood the above and am in complete agreement.

Your Signature

Date

Your Name (Please print)

Your Child's Name (if applicable)

Permanent Address Street/City/Postal Code

Phone Number

Email Address

PERMISSION FOR USE OF PHOTOGRAPH

Permission is granted to use my daughter's/son's/ward's picture in future literature for *Dance Dreams School of Dance* and events sponsored and conducted by them.

_____ Permission granted.

_____ Permission declined.

Parent/Legal Guardian Signature

Date