

FootNotes
DANCE ACADEMY
Student Registration Form

Waiver

I give my child, _____ permission to participate in FootNotes Dance Academy's program. I understand that classes will be conducted and/or supervised in the safest possibly manner by a trained professional dance instructor. I, _____ understand that, as with any physical activity there is the risk of injury.

I have outlined any possible limitations, allergies or conditions above and authorize the staff of FootNotes Dance Academy to take any student to the nearest Emergency care facility in the event of an emergency.

I hereby release and discharge FootNotes Dance Academy and its staff and teachers from any and all actions and causes of action for any loss or injury which may be sustained by me or my child as consequence of my membership in the school.

Guardian's Signature _____ Date _____

Guardian's Name (*please print*) _____

I agree that my child's photo and likeness may be used in all forms of advertising _____