

Liability WAIVER Agreement Studio rental/Master classes

Dancer's Full Name			
Date of Birth	A	\ge	Grade (Fall)
Doctor's Name		Phone	ations and/or allergies?
Does the dancer have a	any special medi	cal consider	ations and/or allergies?
Parent/Guardian's Nam	ne		
Mailing Address			
City	State	Zip	
Work Phone		E-mail Addre	SS
Alternate Number			
			one
Alternate Number			
-	, nor the doctor liste	d above can b	o contact me. In the event that I, nor re reached, I give my consent for the pr.
Signature		Date	
I, , the	parent or legal auar	dian of the app	blicant listed above, hereby give approva

I, ______, the parent or legal guardian of the applicant listed above, hereby give approval of the applicant's participation in any and all of West Tampa Dance Company's rehearsals, classes, performances, programs and activities. I do waive, release, absolve, indemnify, and agree to hold harmless the organizers, sponsors, supervisors, volunteers, agents, officers, owners, teachers, directors, spectators, participants, and persons involved in the operation of West Tampa Dance Company's programs for any claims arising out of injury or any other loss to named applicant or any member of his/her family whether as a participant in the activities or as a spectator. This includes attorney's fees or any deductibles I may incur. I recognize the risk of injury in participating in dance and other activities, which may be conducted at West Tampa Dance Company (WTDC). I also give permission for WTDC to take photos/videos of me, the above named dancer, any member of my family or anyone who visits WTDC or their events to use for the website and for purposes of promoting the studio. WTDC is not responsible for participants leaving the premises. If any child or adult exhibits behavior that is dangerous or threatening to himself/herself or to other students or parents, WTDC reserves the right to remove the person from the premises and terminate their membership to WTDC.