

Dance Studio Insurance Waiver Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact

Name

Phone Number

Waiver and Release of Liability

I understand that participating in dance activities at this studio involves inherent risks of injury. I voluntarily assume all risks associated with participation. I hereby waive, release, and discharge the Dance Studio, its instructors, employees, and agents from any and all claims related to injury, accidents, or illness which may arise from my or my child's participation.

☐

I have read and agree to the waiver and release of liability.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date