

Dance Class Injury Release Form

Participant Information

Full Name

Email Address

Phone Number

Address

Emergency Contact

Contact Name

Relationship

Contact Phone Number

Medical Information

Please list any medical conditions or allergies

Release of Liability

I understand that participating in dance classes involves physical activity and there is a risk of injury. By signing below, I release and hold harmless the dance studio, instructors, staff, and affiliates from any and all liability, claims, or demands that may arise from participation in these activities.

Signature

Date