

Jane's School of Dance, Inc. Liability Waiver

My signature below releases Jane's School of Dance, Inc., its officers, directors, staff, employees, and independent contractors, volunteer helpers, and landlords from any and all liability that may result from myself, my children, or any member of my family participating in dance lessons, acrobatic lessons, exercise classes, rehearsals, parties, private lessons, performances, or any function sponsored by Jane's School of Dance, Inc..

I agree to hold Jane's School of Dance, Inc., its officers, directors, staff, employees and independent contractors, volunteer helpers, and landlords 100% harmless for any and all injury that may result from my dancer, myself, or any member of my family participating in the activities listed above. Our participation is completely voluntary.

I have listed any special medical problems that I have or my child receiving dance lessons has below. Our family doctor approves of our participation in the above listed activities in spite of these medical problems. My signature verifies that I have read this waiver and agree and accept its contents.

Signature of Student over 18 years old

Please PRINT name of Student

Today's Date Month/Day/Year

OR

Please write the name(s) of student receiving lessons

Signature of Parent or Guardian

Please PRINT name of Parent or Guardian

Today's Date Month/Day/Year

Does the student(s) have any allergies or other special medical needs we should be aware of?
If so, please list below:

Please give us the name and phone number for an emergency contact , if you cannot be reached.
(i.e. stranded child, stomach ache, etc.) In a crucial emergency 911 will be called.

Your nearest friend or relative

Their phone number

