
Student Name (please print)

Parent Name (please print)

I give my child permission to ride in any vehicle designated by the entrusted adult while participating in activities of Mainstream Dance.

Mainstream Dance has my permission to use photos of my child participating in activities at Mainstream Dance for marketing and publicity purposes in all matters of media (newspaper, brochure, newsletter, website, etc.).

This release waiver is completed and signed of my own free will, which constitutes an understanding with Mainstream Dance for my child.

Signature of Parent/Guardian of student

Date

Waiver of Liability

I understand that while dancing with Mainstream Dance, Inc. in class, rehearsal or performance, my child may be at risk of physical illness or injury (minimal, serious, catastrophic and/or death), and I acknowledge that my child and I are assuming the risk of illness or injury by dancing with Mainstream Dance. Recognizing the risks of illness and injury inherent in any dance program, I am enrolling my child in Mainstream Dance classes/camps and understand that I am hereby waiving and releasing Mainstream Dance, and its owners, directors and instructors, from any and all claims, costs, liabilities, expenses or judgments, including any attorney's fees and court costs, arising out of my child's participation in Mainstream Dance programs, on or off the studio premises, or any illness or injury resulting therein. I acknowledge that I have carefully read this Medical Release and fully understand that it is a release of liability.

I hereby affirm that my child is in good physical condition and does not suffer from any disability that would prevent or limit participation in the enrolled classes/camps.

In the event of illness or injury, I authorize Mainstream Dance to obtain necessary treatment on my child's behalf. I further acknowledge and understand that I will be responsible for any and all medical related bills that may be incurred for any illness or injury my child may sustain while dancing with Mainstream Dance.

Signature of Parent/Guardian of student

Date

****Family Physician Name:** _____

Physician Contact #: _____

Are there any medications that should not be given: _____

Health Insurance Data:

Company: _____ **Policy #:** _____

Group #: _____ **Contract:** _____